



**FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES**

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# Quality of Practice Standards

*for the Assessment of Child Welfare  
Case Management Services*



June 2012

This booklet contains the Florida Department of Children and Families Quality of Practice Standards for case management services. Data collected utilizing these standards provides local administrators a “window into practice” in real-time, and helps focus quality improvement efforts at the local and state level.

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#### *Note to Reviewers:*

*Unless otherwise noted, the period under review is nine (9) months prior to the sampling date*

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**Re-Abuse or Re-neglect – In Home****1.0 No child living in the home was re-abused or neglected. (applicable to in-home cases)**

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**Requirement:** The reviewer must determine if any child living in the home (all children whether they have an open services case or not) had “not substantiated” or “verified” findings of abuse or neglect during the period under review. If the case was closed during the period under review, consider if any new reports were received afterwards (but still within the period under review). The reviewer must search the automated information system to determine if any investigation was conducted during the period under review and was documented as “not substantiated” or “verified” findings. If the child was served through both in-home and out-of-home care during the period under review, the reviewer must address both standard 1 and 2.

*Instructions and Considerations:* The reviewer should not consider a child’s delayed disclosure about prior abuse or neglect as re-abuse or re-neglect. The events that occurred prior to the maltreatment that resulted in services should not be considered even if the delayed disclosure of abuse or neglect was investigated during the period under review.

*Rating Criterion:*

- Yes if no child living in the home was re-abused or re-neglected.
- No if a subsequent investigation of a new abuse or neglect allegation documented “not substantiated” or “verified” findings.
- NA if the case was open to out-of-home care services for the entire period under review.

*Reference:* s. 39.001(3) (a) & Federal Child & Family Services Review, Safety Outcome 1, Item 2

**Re-abuse or Re-neglect – Out-of-Home****2.0 The focus child was not re-abused or re-neglected.** *(applicable to out-of-home cases)*

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**Requirement:** The reviewer must determine if the focus child (the child identified in the sample set) in out-of-home care had “not substantiated” or “verified” findings of abuse or neglect during the period under review. The reviewer must search the automated information system to determine if any investigations were conducted and documented “not substantiated” or “verified” findings. If the child was served both through in-home and out-of-home-care during the period under review, the reviewer must address both standard 1 and 2.

*Instructions and Considerations:* The reviewer should not consider a child’s delayed disclosure about prior abuse or neglect as re-abuse or re-neglect. The events that occurred prior to the maltreatment that resulted in services should not be considered even if the delayed disclosure of abuse or neglect was investigated during the period under review.

*Rating Criterion:*

- Yes if the focus child was not re-abused or re-neglected.
- No if a subsequent investigation of new abuse or neglect allegation documented “not substantiated” or “verified” findings.
- NA if the child was “in-home” during the entire period under review.

*Reference:* s. 39.001(3) (a) & Federal Child & Family Services Review, Safety Outcome 1, Item 2

**Initiation of Immediate Interventions****3.0 If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child. (applicable to all cases)**

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**Requirement:** If there are indications a child is being abused or neglected, action must be taken to protect the child either through in-home services, wrap-around services, removal, or change of placement.

*Instructions and Considerations:* If a re-abuse or re-neglect occurred during this time and resulted in “not substantiated” or “verified” findings, the reviewer must determine if the actions taken in response to the event were timely (that is, as soon as the need was identified) and appropriate to ensure the child(ren) was protected and received any needed services identified as a result of the re-abuse or re-neglect.

*Rating Criterion:*

- Yes if appropriate and timely interventions were initiated.
- No if no action was taken or the action taken was not appropriate based on the assessed risk and identified needs of the child.
- NA if no re-abuse or re-neglect occurred.

*Reference:* Florida Administrative Code 65C-30.009(1-2) & Federal Child & Family Services Review, Safety Outcome 2, Item 3 and Item 4.

**Services to Protect the Child****4.0 The case management agency provided or arranged for services for the family to protect the child and prevent the child's entry into out-of-home care. (applicable to in-home cases)**

**Requirement:** Services were provided or arranged for the family with the explicit goal of ensuring the child's safety and preventing out-of-home care placement. The services could include homemaking services, family preservation services, anger management classes, substance abuse treatment services, mental health, and domestic violence services, etc. The services should address the specific needs and circumstances that brought the family to the agency's attention.

*Instructions and Considerations:* The reviewer must assess whether the agency appropriately identified services that would allow the child to remain safely in the home and actively pursued service engagement. In addition, the reviewer should consider the services provided or arranged for a non-custodial parent, if the non-custodial parent has ongoing, unsupervised contact with the child and has some identified needs. Services do not include assisting the non-custodial parent in becoming the primary caregiver.

*Rating Criterion:*

- Yes if the case management agency provided or arranged for services to allow the child to safely remain in the home.
- Yes if child was removed after careful consideration of providing in-home services and a determination was made that the child would remain at imminent risk of harm.
- No if the case management agency did not provide or arrange for appropriate and relevant services to keep the child safe.
- NA if the child was in out-of-home care during the entire period under review.
- NA if the case under review is post-placement supervision

*Reference:* s. 39.001(1) (f); 39.001(3) (a); 39.402 (7), F.S.; Florida Administrative Code 65C-30.009(1-2) & Federal Child & Family Services Review, Safety Outcome 2, Item 3

**Initial Family Assessment**

- 5.0** A quality initial family assessment was completed to identify and analyze the family strengths and resources as well as the contributing factors and underlying conditions that contribute to the child's safety and risk of maltreatment. *(applicable to all cases)*

***The assessment addressed:***

- 5.1** Caregivers and/or parents capacity to protect and nurture the child;
- 5.2** Observations of interactions between the child and siblings and household members;
- 5.3** Emerging risk factors;
- 5.4** Actions needed to address emerging risk factors;
- 5.5** Implementation of a safety plan when needed.

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**Requirement:** An initial family assessment must address:

- Risk assessment analysis;
- Whether the child can live safely in the current home or placement;
- The family's ability to provide a permanent and stable home;
- The changes the family must make to provide a safe and stable home for the child;
- An assessment of the family's needs that hinder their ability to provide a safe and stable home; and,
- Identification of the family's unique resources, strengths and protective capacities that contribute to improving the child's and family's well-being.

*Instructions and Considerations:* Each of the above five components (5.1-5.5) is critical to completing a thorough initial family assessment. The reviewer must provide a Yes or No response for each of the five components and then must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the assessment activities overall. *Note that this standard is not rating whether the assessment was approved by the supervisor as documented in FSFN.*

***Rating Criterion:***

- Yes if the assessment qualitatively addressed case specific issues related to child safety and emerging risks.
- No if the assessment did not qualitatively address case specific issues related to child safety and emerging risks.
- NA if the initial assessment was previous to the period under review.

*Reference:* s. 39.301(7), Florida Administrative Code 65C-30.005 (1-3), & Federal Child & Family Services Review, Safety Outcome 2, Item 4

**Service Referrals**

- 6.0 Service referrals were completed timely and were consistent with the needs identified through investigative assessment(s) and other assessments related to safety. (applicable to all cases)**
- 6.1 Service referrals were completed timely based on a sense of urgency given presenting child and family circumstances.**
- 6.2 Service referrals were consistent with identified needs.**

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**Requirement:** Timely services referrals, consistent with the findings of the assessments available to the services worker are necessary to engage the services needed to assist the family and ensure the child's safety, permanency and well-being.

*Instructions and Considerations:* The reviewer must determine if the services worker considered all available information about the family when identifying needs and matching needs with appropriate services. Information from investigative and case management documentation as well as other service providers should be considered (e.g. initial family assessment, Comprehensive Behavioral Health Assessment, Pre Dispositional Study (PDS), other service provider reports, etc.) The services worker must arrange for appropriate services and documentation of referrals must be found in the case file.

*Rating Criterion:*

- Yes if service referrals were completed timely and were consistent with the needs identified through investigative assessment(s) and other assessments related to safety.
- No if service referrals were not completed timely and were not consistent with the needs identified through investigative assessment(s) and other assessments related to safety.
- NA if no referrals were needed and/or required.

*Reference:* Florida Administrative Code 65C-30.008 (1)(3); Federal Child & Family Services Review, Safety Outcome 2, Item 3

### Continuing and Ongoing Assessments

- 7.0 A quality updated family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs. (*applicable to all cases*)**
- 7.1 A review of changes in the family's condition or circumstances since the initial assessment that positively or negatively impacted the child's safety;**
  - 7.2 A review of the short and long-term implication of any changes in individual or family factors affecting family resources, strengths and/or protective capacities;**
  - 7.3 An evaluation of signs of emerging danger and a plan to address them;**
  - 7.4 A review of the case plan goals that were met or are remaining, and a plan to address any barriers that exist to fully meet the case plan goals;**
  - 7.5 The family assessment was completed at least every six months;**
  - 7.6 The assessment was updated when changes occurred within the family unit and/or at other critical junctures.**

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**Requirement:** A family assessment must be documented at least every six months until services are terminated, and include a summary of casework activities. The child's safety and risk factors must be continually assessed through contacts with the child and family, and through contact with others who have knowledge of or are providing services to the family.

*Instructions and Considerations:* The reviewer must determine if a six-month assessment was conducted/updated and if each of the items outlined in 7.1-7.6 (above) were fully addressed. The changing circumstances of the family unit require updated risk assessments (e.g., a baby born into the family, parents' divorce, household composition changes, injunctions for protection are lifted, absent or offending parent returns to the home, new abuse reports received or other changes in the family dynamics, case is closed, etc.) When reviewing a case involving a child freed for adoption (parental rights terminated), the reviewer should assess the changing needs of the child. When reviewing a child in a pre-adoptive placement consider the changing needs of the pre-adoptive family.

Documenting the process of conducting an assessment should include case manager's observations of family interactions, discussions with family, relatives, schools, day care, and/or other relevant collateral contacts, as well as reflective and critical thinking of all of the information obtained. The reviewer must provide a Yes or No response for each of the six components and then must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the six-month assessment overall. *Note that this standard is not rating whether the assessment was approved by the supervisor as documented in FSFN*

*Rating Criterion:*

- Yes if the services worker completed a qualitative updated family assessment that focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs.
- No if there is no documentation to support a quality qualitative updated family assessment that focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs was completed.

*Reference:* Florida Administrative Code 65C-30.005 (1-2) (4), 65C-30.007, 65C28.001& Federal Child & Family Services Review, Safety Outcome 2, Item 4

**Immediate and Emerging Safety Concerns**

**8.0 All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. (applicable to all cases)**

**Requirement:** The services worker's decision-making and identification of additional interventions must be consistent with the immediate and ongoing assessment to ensure the child's safety and well-being.

*Instructions and Considerations:* The reviewer should consider this review element "**Critical**" when assessing current safety and ongoing risk. A thorough assessment is effective only if followed by actions designed to address identified safety and/or risk factors. The reviewer must consider if documentation reflected appropriate actions or interventions were taken based on the information obtained from the continuing/ongoing assessment(s). Evidence must be found that circumstances or factors that potentially placed the child in a dangerous situation were considered and acted upon (e.g. domestic violence, inadequate supervision, substance abuse relapse, new abuse report, incomplete background screens / home study, etc.).

*Rating Criterion:*

- Yes if the services worker sufficiently addressed immediate and emerging safety concerns through appropriate action or intervention.
- No if the services worker did not sufficiently address immediate and emerging safety concerns.
- NA if there were no immediate or emerging safety concerns requiring additional action or intervention.

*Reference:* s.39.001(3)(a), F.S.; Florida Administrative Code 65C-30.001 (121-123); 65C-30.005 (3), FAC & Federal Child & Family Services Review, Safety Outcome 2, Item 3 and Item 4.

**Reunification or Placement Safety Assessment**

- 9.0** A quality safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. *(applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] setting.)*

**Requirement:** The placement of a child in an unlicensed out-of-home care setting or returning to the removal home must be preceded by a local and state criminal records check, a search of the Department's abuse information system for all members of the household, and a completed home study as outlined in Children & Families Operating Procedure 175-79 Relative Caregiver. For children being reunified, the requirements outlined in Children & Families Operating Procedure 175-38 Reunification must be followed.

The reviewer should look for documentation that the case manager made concerted efforts to conduct an assessment prior to the physical reunification. If circumstances were beyond case management's control, the reviewer should note the reason one was not conducted prior to reunification, and indicate the standard was not applicable.

**Instructions and Considerations:** The case record documentation should reflect a thorough safety assessment that is consistent with the information known, and obtained and completed prior to reunification with the caregiver the child was removed from or prior to placement in an unlicensed out-of-home care setting, and must be documented in a completed home study. If the court ordered reunification or placement prior to the agency completing a home study or reunification review, the case record should document a home study and/or the reunification review was completed immediately following the court's decision. (In FSFN this is named Unified Home Study)

In the event reunification was ordered against the agency's recommendation, and a home study cannot be completed immediately based upon out of state or out of county location, the reviewer should look for documentation that the case manager made concerted efforts to conduct an assessment prior to the physical reunification. If circumstances were beyond case management's control, the reviewer should note the reason one was not conducted prior to reunification, and indicate the standard was not applicable.

*Rating Criterion:*

- Yes if a quality safety assessment was completed prior to the child's reunification or placement in an unlicensed out-of-home care setting.
- Yes if the court ordered reunification or placement in an unlicensed out-of-home care setting and the agency completed a quality safety assessment immediately following the court's order.
- No if a quality safety assessment of the home was not completed prior to reunification or placement in an unlicensed out-of-home care setting or was not completed immediately subsequent to a court's order.
- NA if the child was not reunified or placed in an unlicensed out-of-home care setting during the period under review.
- NA if the court ordered reunification contrary to the recommendations of the case management agency

- ❑ NA if the unlicensed out-of-home placement occurred prior to case transfer from the CPI to the case management agency.

*Reference:* s. 39.401(3), F.S.; Children & Families Operating Procedure 175-38 & 175-79; Florida Administrative Code 65C-30.014, 65C-28.012 & Federal Child & Family Services Review, Safety Outcome 2, Item 4

**Management of Risks**

- 10.0 Services are provided to keep the child safe, the family supported, and prevent the child's re-entry into out-of-home care.** *(applicable to in-home post-reunification cases)*

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**Requirement:** Services must be provided during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care.

*Instructions and Considerations:* The reviewer must determine if the services worker provided the supervision, services and support necessary to ensure the child's placement was safe and re-entry into out-of-home care was not warranted. When assessing concerted efforts, the reviewer should consider whether child safety was assessed consistently with the facts known and information obtained, whether the frequency of visits was consistent with the level of risk and the family's circumstances, and whether the services worker was responsive to the requests of the child, parents or caregiver removed from, or other family members when issues arose.

*Rating Criterion:*

- Yes if services were provided during post-placement supervision to manage the risks.
- No if services were not provided during post-placement supervision to manage the risks.
- NA if the case under review did not involve reunification and/or post-placement supervision or the reunification occurred in the final month of the period under review.

*Reference:* Florida Administrative Code 65C-30.014 (4-6); Children & Families Operating Procedure 175-38; & Federal Child & Family Services Review, Safety Outcome 2 Item 3

**Teaming**

- 12.0 All of the people who provide support and services for this child and family were identified and collaborated in problem solving to inform an effective working team. (applicable to all cases)**

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**Requirement:** Appropriate family members and providers should be identified and formed into a working team to share a common “big picture” understanding and long-term view of the child and family. The team members should have sufficient knowledge, skills, and cultural awareness to work effectively with the child and family and share information, participate in planning and providing services and support.

*Instructions and Considerations:* The reviewer should find information on the formation and functional performance of the family team in conducting ongoing collaborative problem solving. Team members should include all available family members, the case manager, supervisor, service providers, health care providers, educational partners, and advocates. When applicable, team members could include mental health professionals, spiritual leaders, caregivers, guardians’ ad-litem, volunteers, juvenile justice staff, and others as appropriate. Team members should have knowledge of the family, technical skills cultural awareness, authority to act, flexibility to respond to specific needs and time necessary to fulfill the commitment to the family.

The teaming process must develop and maintain unity of effort among all team members. Team members should have a unified vision of what would have to happen for the case to close safely.

**Note:** Reviewers should consider the multitude of staffings that might occur given the specific circumstances within the family and determine if the staffings did or did not contribute to the teaming process.

*Rating Criterion:*

- Yes if there is evidence of a formed and functioning team (including staffing participants) to support the child and family towards achieving the desired safety, permanency and well-being outcomes.
- No if there is no evidence of a formed and functioning team (including minimal or a lack of staffing opportunities) to support the child and family toward achieving the desired safety, permanency and well-being outcomes.

*Reference:* Federal Child and Family Services Review, Permanency Outcome 2, Item 17

**Stability of Child's Placement****13.0 The child is stable in the out-of-home placement and has positive relationships with parents, caregivers, key adult supporters and peers as appropriate. (applicable to out-of-home cases)**

**Requirement:** Children should have stability in their day-to-day lives and live in environments that are free from disruption as evidenced by:

- Commitment by caregiver;
- Mutual understanding, consideration and respect within the household;
- Consistent case management;
- Positive social support network.

Collaboration between the services worker and the out-of-home care provider must occur to support and ensure the stability of the child's placement. The services worker must appropriately manage any crises or threats of disruption to the placement.

*Instructions and Considerations:* The reviewer must determine if the current placement appears stable through a review of case file documentation. Consideration must be given to the provider's commitment to maintaining the placement, the child's adjustment, and the amount of support provided to the caregiver. The reviewer should identify significant risks to the current placement. The reviewer must consider the stability of the placement, as well as whether the placement is appropriate based on the child's needs and the family's ability to meet those needs while assuring child safety and well-being.

*Rating Criterion:*

- Yes if based on professional judgment the child has substantial stability in the living arrangement and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers.
- No if based on professional judgment the child has serious and/or worsening problems of instability in living arrangements with multiple disruptions in the recent past and/or intervention efforts to stabilize the situation are limited or undetermined.
- NA if this not an out-of-home episode.

*Reference:* Florida Administrative Code 65C-28.004; Florida Administrative Code 65C-28.005; Florida Administrative Code 65C-30.007; Florida Administrative Code 65C-30.011 & Federal Child & Family Services Review, Permanency Outcome 1, Item 6

**Efforts to Locate Relatives and Other Potential Caregivers**

- 14.0** **Concerted efforts were made to identify, locate and evaluate relatives or other potential caregivers to provide possible permanent placement for the child if the child cannot be reunified.** *(applicable to out-of-home cases)*

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**Requirement:** Regardless of current placement stability, until permanency is achieved, ongoing concerted efforts must be made to locate other potential resources for the child especially with relatives or non-relatives as well continuing diligent searches to locate the parent(s) if applicable.

*Instructions and Considerations:* The reviewer must consider all documentation related to ongoing efforts to secure an appropriate placement for the child including: exploring relative/non-relative placements, ensuring diligent search efforts for missing or non-custodial parents, and staffings with placement, clinical or utilization management staff for needed levels of care.

*Rating Criterion:*

- Yes if the file documented concerted efforts to identify and locate appropriate relatives or other permanent placement resources.
- No if no concerted efforts to identify and locate appropriate relatives or other permanent placement resources are documented.
- NA if child is in an approved adoptive placement.

*Reference:* Florida Administrative Code 65C-28.004 & 28.005; & 30.011, & Federal Child and Families Services Review, Permanency Outcome 2, Item 15

### Exit Interviews with Children

**17.0** In cases involving a child in a licensed placement setting, an exit interview was conducted with the child when moved from one placement to another, and appropriate action was taken if the exit interview documented a concern. *(applicable to licensed out-of-home cases)*

**17.1** An exit interview was conducted with the child when he/she was moved from one placement to another to discuss the previous placement experience.

**17.2** Appropriate action was taken if the exit interview documented a concern.

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**Requirement:** Chapter 65C-28.017, F.A.C., requires an exit interview on a child who “leaves a licensed out-of-home placement if the child resided in that placement for thirty days or more.” The services worker must conduct an exit interview with a child age five to eighteen, when he/she exits a licensed care placement, if the placement lasted 30 days or more. An exit interview must also be conducted with an age appropriate youth when he/she was moved from one group home to another even if the group homes are overseen by the same provider.

*Instructions and Considerations:* For each placement the child exited during the period under review, the reviewer must first determine whether the child, placement, and length of stay qualified for an exit interview. Children, ages 5 through 18, must be interviewed if they resided in the home 30 days or more. The interview must be conducted timely after the child’s exit from the home. The interview is not to be conducted in the home the child just exited, but in a setting where the child feels comfortable and the conversation is private. For each qualifying placement, the reviewer must review the exit interview document and ensure it was completed and any concerns were acted upon.

*Rating Criterion:*

- Yes if an exit interview was completed for all exits and qualifying placement changes during the period under review and appropriate action was taken if concerns were identified.
- No if an exit interview was not completed for each exit or qualifying placement change and /or appropriate action was not taken even if exit interviews were conducted.
- NA if the case was considered an in-home case for the duration of the period under review.
- NA if the child was under five years of age, or did not experience exits or qualifying placement changes, or require appropriate action as defined in Children & Families Operating Procedure 175-61.

*Reference:* Florida Administrative Code 65C-28.017 & Federal Child and Family Services Review, Permanency Outcome 1, Item 6

**Notification of Parents****18.0 The parents were notified of all the child's placement changes. (applicable to out-of-home cases)**

**Requirement:** Parents are to be notified of any changes in the child's placement to the extent it is safe and appropriate to do so, in order to maintain parental engagement and involvement and preserve connections. Parents should be notified within 72 hours of an emergency placement change or be notified prior to a planned placement move.

*Instructions and Considerations:* The reviewer must find evidence the parents were notified of any changes in the child's placement. The evidence may be found in case notes, correspondence, and staffings when the parent is present. Evidence the caregiver's names and addresses were provided is not required to enter Yes.

*Rating Criterion:*

- Yes if the case record documents the parents were notified of all of the child's placement changes.
- No if the parents were not notified of each of the child's placement changes and there was no child safety concern prohibiting the notification.
- NA if the child's safety prohibited notification and the decision was supported with information in the record.
- NA if the case was considered an in-home case for the duration of the review period.
- NA if the parents' rights were terminated or the parents were unable to be located or were deceased during the entire period under review.
- NA if there were no placement changes during the period under review.

*Reference:* Florida Administrative Code 65C-28.005(1) and (3) (f); & Florida Administrative Code 65C-30.007; & Federal Child and Family Services Review, Permanency Outcome 2, Item 16

## **Court Notification**

**19.0** The court was informed of the child's placements and reasons for changes in placement. (*applicable to out-of-home cases*)

**19.1** Number and type of placement

**19.2** Reason for the change in placement

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**Requirement:** The court must be updated regarding the number, type and reasons for changes in a child's placement.

*Instructions and Considerations:* This standard is intended to assess whether the court was advised of the child's current placement, and made aware how many placement moves the child has undergone since the previous judicial review, and the reasons for these moves. Documentation may be found in the Judicial Review Social Services Report or in verbal testimony as documented in case notes and/or court records.

The reviewer should ensure all placements (including the current one) are reflected in the Judicial Review Social Services Reports. The reviewer must ensure the most recent Judicial Review Social Services Report is the document filed for the most recent judicial review hearing. If the case record fails to document judicial reviews were held every six months, the reviewer may not be able to verify all placement changes were reported to the court.

The reviewer must provide a Yes or No response for each of the two components and then must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the documentation that may or may not have informed the court overall.

*Rating Criterion:*

- Yes if the court was notified of the current placement, the number of placement changes the child has experienced during the period under review, if any, and the rationale for those changes.
- No if there is no documentation to support that the court was advised of the current placement, or notified of all placement changes, and/or was not provided the rationale for the placement change.
- NA if the case was considered an in-home case for the entire period under review.
- NA if there were no placement changes.

*Reference:* Federal Child & Family Services Review, Permanency Outcome 1 Item 6

### **Supervisory Reviews**

**20.0 Qualitative supervisory reviews and follow-through were conducted as needed and required.**  
*(applicable to all cases)*

**20.1 Reviews were completed quarterly;**

**20.2 Supervisor considered all aspects of the child's safety, well-being and permanency; and,**

**20.3 Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary**

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**Requirement:** Supervisory reviews are to be conducted and documented quarterly on 100% of the active service cases. The reviews should be focused on the quality of the casework and any gaps in services identified and corrected.

*Instructions and Considerations:* The reviewer must determine if each of the supervisory review components were completed sufficiently to address all aspects of child safety, well-being, and permanency, including a review of the case plan goal and relevant case plan tasks.

The reviewer should use a logical, common sense approach to assessing this process based on the understanding that supervisory reviews should occur regularly, but at a minimum of every 90 days. The review should also consider courtesy supervisory reviews (if applicable) when rating this standard since FSFN does not distinguish between courtesy supervisor reviews versus primary supervisor reviews.

The reviewer must provide a Yes or No response for each of the three components and then must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of supervisory reviews.

*Rating Criterion:*

- Yes if supervisory review was thorough, qualitative, conducted as needed and required but at least quarterly and the supervisor ensured follow through on guidance.
- No if supervisory review was not thorough, qualitative, conducted as needed and required (at least quarterly) and supervisor did not ensure follow-through on guidance.
- The reviewer may not document NA for this standard.

*Reference:* Children & Families Operating Procedure 175-42, Federal Child and Family Services Review, Systemic Item 30

**Case Plan: Goals****22.0 The current case plan goal was appropriate based on the child's and family's circumstances. (applicable to all cases)**

**Requirement:** For children in out-of-home care, the permanency goals, in order of preference per Chapter 39 are:

1. Reunification,
2. Adoption (if a petition for termination of parental rights has been or will be filed),
3. Permanent Guardianship of a dependent child,
4. Permanent placement with a fit and willing relative, and,
5. Placement in another planned permanent living arrangement (APPLA). The case plan goal for court ordered in-home or non-court ordered in-home cases is Maintain and Strengthen.

Services cases (regardless of in-home or out-of-home) must have a **case plan** goal. Reviewers are asked to assess the appropriateness of the goal in case reviews as to whether the goal reflects the family's circumstances. If the case plan was expired or non-existent, then this standard was not met as it is directly related to the existence of a case plan

If a child will not be reunified with a parent, then adoption is the primary permanency option. The reviewer should find evidence the goal of adoption was thoroughly considered before deciding on other less permanent goals (#3 - #5 above).

If the goal is Another Planned Permanent Living Arrangement (APPLA), the reviewer should find evidence other case plan goals were thoroughly considered before deciding on this one. The APPLA goal is appropriate only if there is reason to believe the placement will endure and be more stable and secure than ordinary foster care; that the health, safety, and well-being of the child will not be jeopardized; and that there are compelling reasons the living arrangement is most suitable to the specific child.

*Instructions and Considerations:* The reviewer must use professional judgment to determine if the case plan goal in an out-of-home care or post reunification case is appropriate. The reviewer must determine if the case plan goal appropriately matched the child's individual needs for safety, permanency, and well-being. The reviewer should review the factors the agency considered in deciding on the case plan goal and whether the relevant factors were evaluated.

If the goal is Another Planned Permanent Living Arrangement (APPLA), the reviewer should find evidence other case plan goals were thoroughly considered before deciding on this one. Compelling reasons for the goal of Another Planned Permanent Living Arrangement include:

- 1) The parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising the child to the age of majority and to facilitate visitation with the disabled parent.
- 2) An Indian Tribe has identified the goal as being appropriate.
- 3) The child is 16 years of age or older and chooses to remain in foster care and the foster parents are willing to care for the child until the child reaches 18 years of age.

For non-court ordered or court ordered in-home cases with a case plan goal of Maintain and Strengthen, the reviewer should use professional judgment in assessing the appropriateness of the goal, and must consider the child's individual needs for safety and stability.

*Rating Criterion:*

- Yes if the current case plan goal was appropriate based on the child's and family's circumstances.
- No if there is no current case plan.
  
- No if the current case plan goal was not appropriate based on the child's and family's circumstances.
  
- NA if there was a change in the case plan goal within the last 60 days.

*Reference:* F.S. 39.621, F.S. 39.6221, F.S. 39.6231, F.S. 39.6241 & Federal Child & Family Services Review, Permanency Outcome 1, Item 7.

**Case Plan: Parent Visitation Rights**

**23.0 The case plan specifically addressed visitation and other contact plans with all case participants.**  
*(applicable to out-of-home cases)*

**23.1 Mother**

**23.2 Father**

**23.3 Caregiver (removed from)**

**23.4 Between siblings**

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**Requirement:** The case plan must include a description of the parents' visitation rights and obligations. The plan should also address sibling visitation if the child is separated from siblings who are also active to out-of-home care services. Visitation between the child and the child's parents shall occur in accordance with court orders (which must be in the case plan). If there is an expired case plan or no case plan, then there is NO case plan to assess this standard; therefore, the reviewer would rate this standard as "NA".

*Instructions and Considerations:* The reviewer must assess the current case plan and determine if visitation was addressed between the child and the parents, and the child and siblings. Minimally, visitation between the child and the child's parents shall occur in accordance with court orders setting such visitation and as reflected in the case plan. A specific reason shall be provided to the court for recommending no visitation or less than monthly visitation. Weekly in-person visitation between separated siblings shall be recommended to the court unless it is deemed not feasible or not in the best interest of one or more of the children concerned. If weekly in-person visitation between separated siblings is not recommended to the court, the court shall be advised of the reasons for the recommendation. When there is a recommendation of no visitation or less than weekly visitation because it is not in the child's best interest, the court shall be provided clinical documentation of those reasons, and the reasons shall be documented in the case record. The reviewer should consider the absent parent when the absent parent is a party to the case plan, or has a goal of reunification.

If the case plan for the review period addressed visitation, but a subsequent court order changed the visitation plan, the reviewer should consider if documentation in the Judicial Social Services Report/case plan update reflects the change.

The reviewer must provide a Yes or No response for each of the four components and then must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the visitation and contact arrangements in the case plan.

*Rating Criterion:*

- Yes if the case plan specifically addresses a description of the parents' visitation rights and obligations, and a plan for sibling visitation if the child is separated from siblings who are in out-of-home care and under supervision.
- No if the case plan failed to specifically address a description of the parents' visitation rights and obligations or failed to address a plan for sibling visitation.
- NA if:
  - there is no current case plan;
  - the child did not reside in out-of-home care during the period under review;

- the child was not separated from other siblings under supervision and in out-of-home care; visitation was not in the child's best interest and documented;
- the whereabouts of the parents or caregiver was not known after concerted efforts were made to locate them; and/or,
- the parents' rights were terminated before the period under review and they were not involved in the child's life; or the parent(s) was deceased during the entire period under review.

*Reference:* s. 39.6012(3) (b), F.S.; Florida Administrative Code 65C-28.002(1) (a)-(e) & (2) (a)-(b), Permanency Outcome 2, Item 13, Federal Child & Family Services Review, Systemic Factor #25

### Case Planning for Safe Closure

- 24.0** The case plan activities are individualized and matched to the child and family’s present situation and preferences, and includes a realistic, long term view toward safe case closure.

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**Requirement:** The case plan for safe case closure should provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family’s evolving situation.

*Instructions and Considerations:* To be effective, the case plan process should be:

- Based on a “big picture” understanding of accurate and recent assessments that explain near-term needs and underlying issues that must be addressed in order to bring about essential family changes;
- Reflective of the views and preferences of the child and family;
- Directed toward the achievement of conditions necessary for family independence and sustainable safe case closure in the long-term;
- Coherent in design and practical in the use of formal and informal resources;
- Culturally appropriate; and
- Modified frequently based on changing circumstances, experience gained, and progress made toward meeting necessary conditions for safe case closure.

Processes and practices to ensure that information sharing and responsibility for the family are in place in the following circumstances:

- Transfer of case management responsibility from CPI to CBC;
- New abuse report in an open services case;
- Change in case manager;
- Multiple case management responsibility--Out of Town Inquiry/Out of County Services/ICPC;
- Adoptions as Secondary/Transfer to Adoptions;
- Independent living.

Documentation clearly reflects on-going discussion and completion of activities and regular communication between entities responsible for the child’s safety, i.e. the loop is closed. The reviewer must assess whether the case plan specifically addressed the actions necessary to resolve the issues that led to the family’s involvement with the agency.

*Rating Criterion:*

- Yes if the case plan is individualized and matched to the child and family’s present situation, and preferences, and includes a realistic, long-term goal toward safe case closure.
- No if the case plan is not individualized or matched to the child and family’s present situation, and preferences, and/or does not include a realistic long term goal toward safe case closure.
- NA if there is no current case plan.

*Reference:* s. 39.6012 (1) (a) & (b) 1-7, F.S, Federal Child and Family Services Review, Well-Being Outcome 1, Item 18

### **Teaming and Communication with Service Providers**

**25.0 The services worker facilitated service planning and informed team members of progress, concerns, and issues in a timely manner. (applicable to all cases)**

**25.1 Mother**

**25.2 Father**

**25.3 Child**

**25.4 Out of Home Care Provider (includes relative/non-relative)**

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**Requirement:** The services worker ensures that the strategies, supports and services being provided to the child and family are highly responsive and fully appropriate to changing conditions.

*Instructions and Considerations:* All communication with team members should be timely, purposeful and directed towards child safety, permanency and well-being. The reviewer should look for evidence of ongoing contact or communication with service providers when necessary. For cases involving services by the assigned services worker or other in-house provider, chronological and or progress notes will suffice. This information may be captured throughout the case record, including but not limited to monthly home visit sheets, staffings, Judicial Review Social Services Report updates and/or chronological notes.

The reviewer must provide a Yes or No response for each of the four components and must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the service worker's communication with providers on behalf of the case participants. Reviewer must include comments regarding the appropriateness of providers **and** their input into the teaming process for each participant.

*Rating Criterion:*

- Yes if the case record contained evidence that periodic, meaningful, and focused contacts occurred and was shared with providers to assess progress concerns and issues in a timely manner.
- No if contact and communication with providers was minimal or only occurred when preparing for a six-month judicial review hearing.
- No if there is no evidence of communication (phone calls, letters, email, meetings) with the service providers and/or team members. The information must come from the various sources not just notes from the Case Worker or from the statements made by the parent.
- NA if there were no service providers involved with the family.

*Reference:* Florida Administrative Code 65C-30.007 (11-12), Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Placement Close to Parents**

**26.0 The child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (applicable to out-of-home cases)**

**15.1 Mother****15.2 Father**

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**Requirement:** When the case plan goal is reunification, the child shall be placed as close as possible to the parent with whom reunification is planned.

*Instructions and Considerations:* The reviewer must look for documentation that shows consideration was given to the family's home address; its proximity to the placement, and the impact on frequency of parent/child visitation. As a general rule, reviewers should consider a travel distance of less than one hour taking into consideration transportation barriers. If the child's parents live separately, reviewers should determine which parent is most involved in case planning and most likely to be reunified with the child. If there are barriers, the reviewer should look for documentation of efforts to facilitate transportation or other means to ensure visitation takes place as planned. See the rating guidelines below regarding when the proximity of the placement is not considered.

The reviewer must provide a Yes or No response for each of the two and then must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the close proximity issues for the child and parents.

*Rating Criterion:*

- Yes if the child's placement is close enough to the parent or other caregiver with whom reunification is planned to facilitate face-to-face contact with the parent/caregiver.
- No if the child's placement was not close enough to the parent or other caregiver to facilitate face-to-face contact and/or transportation barriers were not addressed.
- NA if:
  - the parents' history of frequent moves made it difficult to place the child in close proximity;
  - the parent is not the parent which reunification is not likely to occur;
  - both parents' whereabouts were unknown despite documented efforts to locate them;
  - the parent's rights were terminated and they were not involved in case planning, or the parents were deceased for the entire period under review or the court determined continued contact between the child and parents was not in the child's best interest;
  - parents are incarcerated long term; and/or, this was a post placement case during the entire period under review.

*Reference:* Florida Administrative Code 65C-28.004 (5), & Federal Child & Family Services Review, Permanency Outcome 2, Item 11

**Placement Based on Child's Needs** *(Applicable if No entered for #26)***27.0 The location of the child's current placement was based on the child's needs and achieving the case plan goal.** *(applicable to out-of-home cases)*

**Requirement:** When the case plan goal is reunification, the child shall be placed as close as possible to the caregiver/parent with whom reunification is planned. When an assessment documents substance abuse, special physical, medical, developmental, educational or emotional needs, the child shall be placed in the most appropriate, and least restrictive setting that can meet the child's needs.

**Instructions and Considerations:** The reviewer should look for documentation the agency considered the child's needs, particularly if the court determined continued contact between the child and parents was not in the child's best interest. A placement not in close proximity may be necessary to meet the child's needs for specialized services such as medical foster care, highly specialized medical or mental health treatment, or placement with an appropriate relative who can best meet the child's needs and achieve the case plan goals. The reviewer should look for documentation the agency addressed the child's needs and made the appropriate placement based on meeting those needs.

**Rating:**

- Yes if the case record supports the child's current placement, regardless of proximity, is based on the child's needs and achieves the case plan goal.
- No if the case record does not support the child's current placement is based on the child's needs and achieve the case plan goal.
- NA if Yes was entered for #26; or if #26 was NA

**Reference:** Florida Administrative Code 65C-28.004 (5) & Florida Administrative Code 65C-28.005 (7), & Federal Child & Family Services Review, Permanency Outcome 2, Item 11

**Placement with Siblings**

**28.0 The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (applicable to out-of-home cases)**

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**Requirement:** Every possible effort must be made to place siblings in the same home, when two or more siblings are in licensed or non-licensed out-of-home care.

*Instructions and Considerations:* This standard is assessed only when the focus child has siblings in licensed or non-licensed out-of-home care. The reviewer must determine if every possible effort was made to place all of the siblings together.

*Rating Criterion:*

- Yes if the child was placed with all siblings also in licensed or non-licensed out-of-care.
- No if the child was not placed with all siblings in licensed or non-licensed out-of-home care.
- NA if the child had no siblings or the siblings under supervision did not reside in licensed or non-licensed out-of-home care.

*Reference:* s. 39.001 (k), F.S.; & Federal Child & Family Services Review, Permanency Outcome 2, Item 12

**Placement Based on Needs**

**29.0** There was clear evidence the separation of siblings was necessary to meet the child's needs. (applicable if No was entered for #28, in out-of-home cases)

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**Requirement:** Every possible effort must be made to place siblings in the same home unless there is a compelling reason to separate them.

*Instructions and Considerations:* If siblings were not placed together, the reviewer must look for evidence of the circumstances requiring the siblings to be separated. For example, was separation necessary to meet the child's needs, safety concerns of one or more siblings, or because the size of the sibling group (five or more) made finding a single placement to accommodate a large sibling group difficult? Is there documented consideration that separation was necessary because the child needed a specialized treatment setting, or because one sibling was abusive toward the other(s) or because a sibling with a different father was placed with a paternal relative? The reviewer should consider whether the specialized needs or circumstances required ongoing separation. If the needs or circumstances changed and separation of siblings was no longer an issue, the reviewer should look for documentation of the agency's concerted efforts to reunite the siblings in one placement setting. Lack of placement resources is not a valid reason for separation unless there is clear documentation the size of the sibling group (five or more) necessitated separation because there was no foster home able to provide care for the sibling group.

*Rating Criterion:*

- Yes if the circumstances required the children to be separated or the child or sibling had specialized needs; or the size of the sibling group (five or more children) made finding a single placement difficult.
- No if the case record did not document circumstances or special needs requiring separation.
- NA if Yes or NA was entered for #28.

*Reference:* s. 39.001 (1)4(k), F.S.; & Federal Child & Family Services Review, Permanency Outcome 2, Item 12

### Visitation with Family Members

**30.0 Sufficient supports were provided to facilitate quality visitation (or other contact) between the child and family members. (applicable to out-of-home cases)**

**30.1 Mother**

**30.2 Father**

**30.3 Siblings**

**30.4 Other Family Members as appropriate**

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**Requirement:** Children are to be provided regular visitation with family members, unless the court orders otherwise. Minimally, monthly visitation between the child and parents shall be recommended to the court consistent with the case goal unless it is deemed not feasible or not in the best interest of one or more of the children concerned. Weekly face-to-face visitation between siblings shall be recommended to the court unless it is not feasible or not in the best interest of one or more of the children concerned. When there is a recommendation of no visitation or less than weekly visitation because it is not in the best interest of the child, the court shall be provided clinical documentation of those reasons.

*Instructions and Considerations:* This information may be captured throughout the case record, including but not limited to monthly home visit sheets, staffings, Judicial Review Social Services Report updates and/or chronological notes to determine if the frequency of visitations occurred as planned, or if other forms of contact are provided if the child and his or her family are not able to have a face-to-face contact. The case plan should specify visitation plans for all family members. If face-to-face visitation was not feasible due to the mother or father being incarcerated or residing out of state, the agency must ensure other forms of contact between the mother, father and child by means of telephone calls, Skype or letters. Based on the current goal and information about the child's and parents' circumstances, the reviewer must determine if the quality of visits is sufficient to promote continuity in the parent/child bonding and development of an enduring relationship.

Face-to-face contact is to be maintained with separated siblings in out-of-home care and under supervision unless the visitation compromises the safety or well-being of any of the children. If visitation is not occurring, the reviewer should determine if the agency documented the reasons visitation was not in the child's best interest. For example, one sibling may present a physical threat to the other sibling(s) or there may be a history of physical or sexual abuse of the sibling(s).

The reviewer must provide a Yes or No response for each of the four components and must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering if concerted efforts were made to maintain familial relationships. Service worker should gather information from direct observation, family members or other relevant service providers.

*Rating Criterion:*

- Yes if sufficient supports were provided to facilitate quality visitation between the child and family and visitation was consistent with the court order, or more frequent visitation occurred due to the family's circumstances warranted, e.g., preparation for reunification.
- Yes if the mother or father was incarcerated and visitation was not in the child's best interest, and the case record documented evidence of the agency's concerted efforts to engage the mother or father in other forms of communication, e.g. telephone calls, letters, etc.

- No if visitation between the child and parents was not consistent with the court order or more often if warranted, or if there was no evidence the agency made concerted efforts to ensure visitation or other forms of contact between the child and the parents.
- NA if the whereabouts of the parents was unknown despite concerted efforts to locate them, or the parents' rights were terminated and the parents were not involved in case planning or the parents were deceased for the entire period under review.
- NA if the court determined continued contact between the child and parents was not in the child's best interest.
- NA if the case was in post placement supervision for the entire period under review.

*Reference:* s. 39.4085 (15), (16) & 39.6012(3) (b), F.S.; Florida Administrative Code 65C-28.002 (1) & (2), & Federal Child & Family Services Review, Permanency Outcome 2, Item 13

**Maintaining Community Connections****32.0 Concerted efforts were made to maintain the child's important connections. (applicable to out-of-home cases)**

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**Requirement:** Concerted efforts are required to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, and friends. The most appropriate available out-of-home care placement should be chosen based on the child's community ties and school placement. Concerted efforts are required to maintain the child within the same school, if at all possible.

*Instructions and Considerations:* The reviewer should not rate this item based on the child's connections to parents or siblings in out-of-home care, or whether an inquiry was conducted to determine if the child was a member or eligible to be a member of an Indian tribe, because these connections are addressed in other standards. The reviewer must determine whether the agency considered the connections important to the child. For example, are there extended family members or significant others with whom the child wants to maintain contact (e.g., grandparents, siblings not in care, a close friend, teacher, or coach) or community or school activities which the child would like to maintain a connection with? Did the agency make efforts to maintain the connection through ensuring the child continued a particular community activity or hobby?

*Rating Criterion:*

- Yes if the case record contained evidence that concerted efforts were made to maintain the child's important connections.
- No if the case record lacked evidence the agency made concerted efforts to maintain the connections important to the child.
- NA if the case did not involve an out-of-home care placement or involved an abandoned infant and there was no information about the child's extended family or connections.

*Reference:* Florida Administrative Code 65C-28.004 (1) (4), & Federal Child & Family Services Review, Permanency Outcome 2, Item 14

### Mother's Voice and Choice

**36.0** The mother was encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities (*applicable to out-of-home cases*)

**36.1** Educational and/or Child Care

**36.2** Healthcare

**36.3** Dental Care

**36.4** Behavioral Health Care

**36.5** Psychotropic Medications

**36.6** Extracurricular Activities

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**Requirement:** Concerted efforts are required to promote, support, and/or maintain positive relationships between the child in out-of-home care and mother, and/or other primary caregiver(s) removed from; through participating with the child in activities other than visitation, and making decisions about the child's needs (school functions, special occasions, medical appointments, etc.).

*Instructions and Considerations:* The reviewer must determine whether concerted efforts were made to promote, support, and maintain positive relationships between the child in out-of-home care and the child's mother or other primary caregiver(s) the child was removed from, through allowing the parent or primary caregiver removed from to make decisions about the child's needs and activities, and participate with the child in activities other than visitation. The reviewer should not assess this standard based on the efforts or lack of efforts to ensure frequent and quality visitation between the parent and child, as this is addressed in another standard.

Regardless of the mother's location (i.e. out-of-state, incarcerated, etc.) and/or involvement, the reviewer should look for evidence the mother or primary caregiver removed from was encouraged to participate in:

- Decision-making and school activities and case conferences;
- Attendance at doctor's appointments with the child;
- Engagement with mental health and substance abuse providers;
- Engagement in the child's after school or sports activities.

Additionally, the reviewer should consider whether:

- The agency provided or arranged for transportation or provided funds for transportation so the mother or primary caregiver removed from could attend the child's special activities and doctor appointments.
- The agency provided therapeutic opportunities, including substance abuse and mental health services, to help the mother and child strengthen their relationship.
- The foster parents provided mentoring or served as role models to assist the mother or primary caregiver in appropriate parenting.
- The agency encouraged or facilitated contact with the incarcerated mother or primary caregiver removed from (when appropriate) or not living in close proximity to the child.

*Rating Criterion:*

- Yes if the case record documented evidence that the mother was encouraged and supported to be an active participant in shaping decisions pertaining to the child’s needs and activities.
- No if the case record did not document efforts to encourage and support the child’s mother to be an active participant in shaping decisions pertaining to the child’s needs and activities.
- NA if:
  - the child did not reside in out-of-home care at any time during the period under review,
  - the parental rights were terminated before the period under review and there were no efforts made to involve the mother in the child’s life or ongoing planning for the child;
  - the child was abandoned and the mother could not be located; or
  - the mother was deceased or the mother's whereabouts were unknown despite concerted efforts to locate them.

*Reference:* Federal Child & Family Services Review, Permanency Outcome 2, Item 16

**Father's Voice and Choice**

**37.0** The father was encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities. *(applicable to out-of-home cases)*

**37.1** Educational and/or Child Care

**37.2** Healthcare

**37.3** Dental Care

**37.4** Behavioral Health Care

**37.5** Psychotropic Medications

**37.6** Extracurricular Activities

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**Requirement:** Concerted efforts are required to promote, support, and/or maintain positive relationships between the child in out-of-home care and father, and/or primary caregiver removed from; through participating with the child in activities other than visitation, and making decisions about the child's needs (school functions, special occasions, medical appointments, etc.).

*Instructions and Considerations:* The reviewer must determine whether concerted efforts were made to promote, support, and maintain positive relationships between the child in out-of-home care and the child's father or other primary caregiver the child was removed from, through allowing the parent or primary caregiver removed from to make decisions about the child's needs and activities, and participate with the child in activities other than visitation. The reviewer should not assess this standard based on the efforts or lack of efforts to ensure frequent and quality visitation between the parent and child, as this is addressed in another standard.

Regardless of the father's location (i.e. out-of-state, incarcerated, etc.) and/or involvement, the reviewer should look for evidence the father or primary caregiver removed from was encouraged to participate in:

- Decision-making and school activities and case conferences;
- Attendance at doctor's appointments with the child;
- Engagement with mental health and substance abuse providers;
- Engagement in the child's after school or sports activities.

Additionally, the reviewer should consider whether:

- The agency provided or arranged for transportation or provided funds for transportation so the father or primary caregiver removed from could attend the child's special activities and doctor appointments?
- The agency provided therapeutic opportunities, to include substance abuse and mental health services, to help the father or primary caregiver removed from and child to strengthen their relationship?
- The foster parents provided mentoring or served as role models to assist the father or the primary caregiver (removed from) in appropriate parenting.
- The agency encouraged or facilitated contact with the incarcerated father or primary caregiver removed from (when appropriate) or not living in close proximity to the child.

*Rating Criterion:*

- Yes if the case record documented evidence that the father was encouraged and supported to be an active participant in shaping decisions pertaining to the child's needs and activities.
- No if the case record did not document efforts to encourage and support the child's father to be an active participant in shaping decisions pertaining to the child's needs and activities.
- NA if:
  - the child did not reside in out-of-home care at any time during the period under review,
  - the parental rights were terminated before the period under review and there were no efforts made to involve the mother in the child's life or ongoing planning for the child;
  - the child was abandoned and the mother could not be located; or
  - the mother was deceased or the mother's whereabouts were unknown despite concerted efforts to locate them.

*Reference:* Federal Child & Family Services Review, Permanency Outcome 2, Item 16

**Normalcy****38.0 The child was encouraged and supported to be an active participant in normalcy activities. (applicable to licensed out-of-home cases)**

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**Requirement:** Children in foster care must have opportunities to participate in critical decisions and life skills activities in their homes and communities that are reasonable and appropriate for their age or any special needs they might have (previously referred to as the normalcy plan or a plan for age-appropriate activities). It is the case management agency's responsibility to ensure these opportunities are available so that the child can increase his/her ability to eventually live independently and become self-sufficient.

*Instructions and Considerations:* Reviewers must determine if appropriate opportunities are available for the focus child to:

- Participate in age appropriate activities and manage age appropriate responsibilities;
- Interact with mentors;
- Learn nutritional and financial skills;
- Socialize and have normal life experiences; and
- Receive allowances, etc.
- Obtain a driver's license
- Have a job

For youth 13 – 17 clear documentation specific to the negotiation of, and agreement to, the teen's plan should be recorded in the case file and signed by the teen, the caregiver and case manager. Since the state does not require a standardized "Teen Plan" format, some case management agencies may opt to use different formats to document the negotiation of, and the agreement to, the teen's plan; therefore, reviewers will need to inquire as to local practices when rating this standard. The "Teen Plan" must be updated quarterly.

*Rating Criterion:*

- Yes if documentation clearly reflects the child was encouraged and supported to be an active participant in shaping decisions pertaining to normalcy and their opinion was considered.
- Yes if documentation did not reflect the child was encouraged and supported to be an active participant in shaping decisions pertaining to normalcy and their opinion was considered.
- NA if focus child is not age or developmentally appropriate.

*References:* s.409.1451 (3)(a)1-4; Florida Administrative Code 65C-30.007(1) (a-d), August 31, 2005 Memorandum, Well-Being Outcome 1, Item

**Termination of Parental Rights Exceptions****41.0 There are compelling reasons and an exception for not filing a Termination of Parental Right petition.**  
*(applicable to cases where the child was in out-of-home care for at least 12 of the most recent 22 months)*

**Requirement:** The state is required to file or join a Termination of Parental Rights petition unless there were compelling reasons for not filing. The reviewer must assess if the child welfare agency did not file a TPR petition, did they clearly specify a justifiable reason for not having filed one? The child welfare agency must document that they have reported to the court why a TPR petition was not filed.

*Instructions and Considerations:* One of the following compelling reasons for not filing the Termination of Parental Rights petition must be met:

- 1) Child is being cared for by a relative under s. 39.6231; or
- 2) A Termination of Parental Rights petition was not in the child's best interest for one of the following compelling reasons:
  - a. Adoption was not the appropriate permanency goal for the child.
  - b. No grounds existed to file a Termination of Parental Rights petition.
  - c. The child is an unaccompanied refugee minor as defined in 45 C.F.R. 400.111.
  - d. There are international legal obligations or compelling foreign-policy reasons that preclude terminating parental rights.
  - e. Services deemed necessary for the child's safe return to the home were not provided to the family consistent with the time period in the case plan.

*Rating Criterion:*

- Yes if the only "exception" or compelling reason for not seeking Termination of Parental Rights was noted in a court order documenting the exception, or the agency documented the specific and justifiable reasons for not filing a TPR petition and informed the Court.
- No if there is no evidence a petition was filed or joined, or a compelling reason adopted by the court or the Agency did not document the justifiable reasons for not filing with or informing the Court.
- NA if the child was not in OHC 12 of the last 22 months.

*Reference:* s. 39.8055(2), F.S.; & Federal Child & Family Services Review, Permanency Outcome 1, Item 9, CFSR Systemic Factor #28

**Recruitment of Adoptive Family**

**42.0 Appropriate steps were taken to identify and recruit an adoptive family that matched the child's needs.** (applicable to out-of-home care cases)

**42.1 If TPR has occurred, appropriate steps have been taken to identify and recruit an adoptive family.**

**42.2 If TPR has not occurred, there is evidence recruitment efforts have been initiated.**

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**Requirement:** Appropriate concerted efforts are required to recruit an adoptive family and achieve a timely finalized adoption.

*Instructions and Considerations:* When assessing this standard, the reviewer must consider if TPR has occurred; then whether the following actions have been taken:

- 1) A comprehensive study of the child was completed (if goal of adoption) and used to assist in identification of an adoptive family who could best meet the child's special needs.
- 2) The child was registered on the Adoption Exchange within 30 days of Termination of Parental Rights. (If TPR is on appeal, child should still be registered with a reason of "on hold for TPR on appeal.")
- 3) The child was web authorized on the following exchanges if not placed in an adoptive home within 90 days of the Termination of Parental Rights order:
  - a) the state adoption exchange;
  - b) the regional/national adoption exchange.
- 4) Other adoption resources for waiting children with special needs were used such as the Children Awaiting Parents (CAP) Book, local Heart Gallery, if available, Wednesday's child or local newspaper columns.
- 5) A child specific recruitment plan, or the chronological notes document that the counselor completed a comprehensive review of the child's case record for previous caregivers who should be contacted and notified of the availability of the child for adoption. Previous caregivers include all paternal and maternal relatives, all foster parents or group care providers, and all non-relatives such as teachers, neighbors or coaches.

In the event TPR has not occurred, the reviewer must consider whether or not there is evidence of advanced planning when the goal is adoption. Depending on the length of time since the goal was changed to adoption, activities should include:

- 1) Obtaining all medical (including birth and delivery) and mental health records for the child.
- 2) A comprehensive study of the child was completed (if goal of adoption) and used to assist in identification of an adoptive family who could best meet the child's special needs.
- 3) A child specific recruitment plan or the chronological notes documents that the counselor completed a comprehensive review of the child's case record for previous caregivers who should be contacted and notified of the availability of the child for adoption. Previous caregivers include all paternal and maternal relatives, all foster parents or group care providers, and all non-relatives such as teachers, neighbors or coaches.

- 4) Documentation to support discussions were held with the child (if developmentally and age appropriate) around his or her wishes pertaining to adoption (e.g. single parent, two parent household, etc)
- 5) Review of available adoption home studies for potential matches.

*Rating Criterion:*

- Yes if appropriate steps were taken to identify and recruit an adoptive family that matched the child's needs.
- No if there is no evidence of efforts to identify and recruit an adoptive family.
- NA if the goal is adoption, but the case record documented it was contrary to the child's best interest to be placed in an adoptive home at this time. Note: This should be a documented decision made by all of the professionals involved with the child.
- NA if the child is currently residing in a relative/non-relative placement or licensed foster home identified as a pre-adoptive home.
- NA if APPLA or Reunification

*Reference:* PL 103-82; 409.167(2) (a-b); & Florida Administrative Code 65C-16.004 & Federal Child & Family Services Review, Permanency Outcome 1, Item 9

**Approving Adoptive Family****43.0 Appropriate steps were taken to process and approve an adoptive family that matched the child's needs.**  
*(applicable to out-of-home cases when TPR has occurred)*

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**Requirement:** Concerted efforts are required to approve an adoptive family and achieve a timely finalized adoption.

*Instructions and Considerations:* When assessing this standard, the reviewer must consider whether:

- 1) The family received education and preparation through a group or individual study process.
- 2) A study which involved careful observation, screening and evaluation was completed on the adoptive applicants prior to the placement of the child. The aim of this evaluation is to select families able to meet the physical, emotional, social, educational and financial needs of a child, while safeguarding the child from further loss and separation from primary caretakers. The adoptive home study assesses information gathered through:
  - a) Application to Adopt.
  - b) Family Profile.
  - c) Background checks to include fingerprints, FDLE and local law enforcement and Florida abuse history checks. When the applicant or adult household member lived in another state within five years of the request for a home study, a child abuse/neglect check of the other State was completed.
  - d) Five references with two of the five references being from non-relatives.
  - e) Interviews conducted with the applicants, their children and all household members.
  - f) Licensing violations if the adoptive applicant was a foster parent.
  - g) A copy of the Adoption Review Committee's recommendations (when one was necessary or requested). A request to the Committee is required when:
    - 1) applicant is experiencing a serious or chronic medical condition,
    - 2) abuse history reveals verified findings or not substantiated,
    - 3) criminal history reveals the applicant was convicted of a felony listed in Chapter 39.0128(3) F. S. five years before application, and/or
    - 4) in any complex case.

In determining which applications for adoption should be approved, all of the following criteria, not listed in any order of priority, must be considered and assessed:

- a) The child's choice, if the child is developmentally able to participate in the decision;
- b) The ability and willingness of the adoptive family to adopt some or all of a sibling group, but the needs of each individual child must be promoted and no individual child shall be impeded or disadvantaged in receiving a loving and nurturing home due to the inability of the adoptive family to adopt all siblings;

- c) The adoptive family is committed to value, respect, appreciate, and educate the child regarding his or her racial and ethnic heritage and will allow the child the opportunity to know and appreciate that ethnic and racial heritage;
- d) The family's child rearing experience. (Applicants with previous child-rearing experience who exhibit the energy, physical stamina, and life expectancy which would allow them to raise the child to adulthood and who have a demonstrated history of having provided consistent financial support to other minor children, either birth or adopted, will be considered. Applicants who do not have previous child rearing experience but who demonstrate the capacity to parent a special needs child will also be considered.);
- e) Marital Status (Adoption applications will be accepted from married couples and from single adults. Couples married less than two years must be carefully evaluated.);
- f) Residence (Florida families must be prepared to remain in Florida long enough to have the adoption study completed, the child placed, and the adoption finalized.);
- g) Income (The family must have income and resources to assure financial stability and security to meet expenses incurred in adequate care of the family);
- h) Housing and neighborhood (Housing and neighborhoods must provide adequate space and the living conditions necessary to promote the health and safety of the family.);
- i) Health (Applicants will be required to fully disclose health history, current health status, including any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition, regarding themselves and each member of the household. The physical, mental and emotional health of the prospective adoptive household members must not jeopardize the safety and permanency of the child's placement and will be considered in determining the best interest of the child.);
- j) Other Children in the Family (When families have children by birth or adoption, the anticipated impact of a new child on the family must be considered.);
- k) Working Parents - The willingness and ability of prospective adoptive parents who are employed outside the home to make arrangements to be with the child during the transition period must be considered. It is desirable that one parent be free to devote full time to the care of the child for a period of time after placement. The exact length of time is determined by the needs and the age of the child, and the needs of the child must be given priority over the employment situation of the parent;
- l) At the conclusion of the preparation and study process, the counselor and supervisor will make a decision about the family's appropriateness to adopt. That decision will be reflected in the final recommendation included in the written study.

*Rating Criterion:*

- Yes if there is evidence of timely and appropriate steps to process and approve an adoptive family that matched the child's needs.
- No if the case record fails to document timely and appropriate steps to process and approve an adoptive family.

- NA if the goal was adoption and no families were identified and there were particular circumstances beyond the agency's control. For example, a TPR is on appeal, but there is evidence the agency made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family was not yet found, or a pre-adoptive placement disrupted despite the agency's concerted efforts to support the placement.
  
- NA if APPLA or Reunification

*Reference:* PL103-82; Florida Administrative Code 65C-16.005 & Florida Administrative Code 65C-28.004 & Federal Child & Family Services Review, Permanency Outcome 1, Item 9

### Pre-Independent Living Assessment

**44.0 A Pre-Independent Living Assessment was completed that identified service needs and services were provided.** *(applicable youth who have reached 13 but not yet 15 years of age in licensed, out-of-home placement)*

#### **44.1 Services to be provided as a result of the assessment are identified in an updated case plan.**

**Requirement:** Pre-Independent living services include but are not limited to, life skills training, educational field trips, and conferences are required to be provided to youth ages 13 but not yet 15 years of age. The specific services provided are determined based on the Pre-Independent Living Assessment. Pre-independent services must be identified in an updated case plan.

The Pre-Independent Living Assessment must be conducted through the use of a pre-independent living assessment tool; a review of the file; review of other assessments and evaluations, including educational, psychological and psychiatric evaluations; personal observation and interviews with any person who is familiar with the child and can be helpful in the assessment process.

Children must be referred for independent living services thirty days prior to his or her thirteenth birthday. A child placed in the custody of the department after his or her thirteenth birthday shall be referred within thirty days after the court enters an order placing the child in the custody of the department.

*Instructions and Considerations:* The Pre-Independent Living assessment should address the adolescent's individual needs, life skills, education, and social skill development to prepare the child to live independently and have a quality of life appropriate to the youth's age. The reviewer should find evidence the assessment and needed services were discussed with the child. The child's signature on the assessment is not sufficient to conclude a discussion occurred.

The services should address the Pre-Independent Living skills and educational deficiencies identified in the Pre-Independent Living assessment, and the child's progress and/or continuing areas of concern. The documentation may include staffing summaries, case notes, provider reports, school reports, and report cards. Services may include life skills training, employment counseling, educational field trips, and conferences, etc. If the adolescent was not assessed, the reason should be documented. Information regarding Independent Living services may be maintained in a separate Independent Living file.

#### *Rating Criterion:*

- Yes if an assessment as defined was conducted and identified the youth's necessary service needs, and the services to be provided were included in an updated Case Plan. Services were either provided or were in process of being engaged. documentation *(Florida statute requires that information related to the independent living assessment, shall be reduced to writing and signed by the child participant, shall be included as a part of the written report required to be provided to the court at each judicial review held.)*
- No if some or none of the service needs were addressed.
- NA if the child did not meet the age requirements or was not in licensed out-of-home care during the period under review or was in out-of-home care less than 60 calendar days during the period under review.

*Reference:* s. 409.1451(4) (a), F.S.; s. 39.407, F.S.; Florida Administrative Code 65C-28.009(5) and Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Education and Education Career Path**

- 45.0**    **The case management agency provided guidance and assistance in providing an educational and career path that is based on the child’s individual abilities and interests.** *(applicable children 13 year of age and older in licensed out-of-home cases)*

**Requirement:** For children in foster care between the ages of 13 and 15, the case management organization must ensure there has been detailed discussion of the following:

- Child’s interests and any appropriate hobbies;
- Listing of careers that interest them; and
- Awareness of need to participate in developing a more detailed educational and career path plan when they turn 16 years of age.

For children ages 16 and 17, the case management organization must ensure the child’s case plan includes an educational and career path that was developed with input from the child, foster parents, and school member to the fullest extent possible. The child can choose one of four postsecondary goals:

- attend college or military academy;
- obtain 2-year postsecondary degree;
- attain postsecondary career and technical certificate or credential; or
- begin immediate employment.

The process must be child-centered. If the child is enrolled in the Exceptional Student Education program, such goal setting must be coordinated with the school and agree with the Individual Educational Plan transitional plan. The case plan must be written simply and clearly in English, or if English is not the child’s principal language, a copy of the case plan shall be prepared in the child’s language.

*Instructions and Considerations:* Reviewers should look for documentation that supports conversations and negotiations occurred between case management, the child, foster parents and school member(s) during the development of the child’s educational and career path plan. In addition, the educational and career path should be well documented in the case plan and reflect decisions that are specific to the focus child’s individual abilities and interests.

***Rating Criterion:***

- Yes if the child is 16 and 17 and the case plan documents the educational and career path was determined through discussions by involved parties and the path is clearly in conjunction with the child’s abilities and interests.
- Yes if the child is ages 13 -15 and there is detailed documentation of discussion regarding child’s interests and hobbies as well as the child’s understanding of the need to develop a more detailed plan upon their 16<sup>th</sup> birthday.
- No if the case plan does not address the educational and career path requirement at all, or if it is addressed, it insufficiently reflects conversations and negotiations and/or appropriate goal setting based on child’s abilities and interests.
- NA if the focus child is not in foster care or has not reached 13 years of age.

**Reference:** s.409.1451(3)(a)1, F.S., Florida Administrative Code 65C-28.009 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17 and 18

**Child/Youth Voice and Choice**

**46.0** The child was encouraged and supported to be an active participant in shaping decisions pertaining to their life skills, educational, medical and behavioral health needs. *(applicable to licensed out-of-home cases)*

**46.1** Life Skills

**46.2** Education Services

**46.3** Healthcare

**46.4** Dental Care

**46.5** Behavioral Health Care

**46.6** Psychotropic Medications

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**Requirement:** Children in foster care must have opportunities to participate in critical decisions that are reasonable and appropriate for their age and developmental level regarding educational, medical or behavioral healthcare. It is the case management agency's responsibility to ensure these opportunities are available so that the child can increase his/her ability to eventually live independently and become self-sufficient.

*Instructions and Considerations:* Reviewers must determine if appropriate opportunities are available for the focus child to:

- Participate in decisions regarding behavioral health services and treatment plans.
- Participate in healthcare decisions.
- Participate in educational decisions.

*Rating Criterion:*

- Yes if documentation clearly reflects the child was consulted and their opinion was considered regarding decisions pertaining to their educational, medical and behavioral health needs.
- No if documentation does not reflect that the child was consulted and their opinion was considered regarding decisions pertaining to their educational, medical and behavioral health needs.
- NA if focus child is not age or developmentally appropriate.

*References:* s.409.1451 (3)(a)1-4; Florida Administrative Code 65C-30.007(1) (a-d), August 31, 2005 Memorandum, Well-Being Outcome 1, Item 1

**Transition Planning for Independent Living**

- 47.0** The case management agency regularly evaluated the youth's progress in developing independent living skills, ensuring needed services were in place to effectively prepare the youth for the future. (*applicable to youth 15 - 17 years of age in out-of-home care*)

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**Requirement:** The agency must conduct a staffing on the youth's progress, or lack thereof, at least once every six months to ensure appropriate independent living training and services as determined by the independent life skills assessment are being received and are effective. If the necessary training or services are not being provided, or are deemed ineffective, the agency must take immediate action to ensure the youth receives what he/she needs.

*Instructions and Considerations:* Although the minimal requirement of oversight through staffings is once every six months, the reviewer must assess if once every six months was adequate to ensure the youth was receiving the right services and was gaining insight and skill sets to prepare the youth for independence. The reviewer should consider the youth's specific needs and determine if additional review and more frequent oversight should have been provided.

Additionally, for those youth who have reached their 17<sup>th</sup> birthday, the agency should have assessed his/her skills and abilities to live independently and become self-sufficient during the calendar month of the birthday. Reviewers should, therefore, also consider this aspect when rating performance.

Reviewers should look for documentation that clearly reflects input from the youth and reflection on what is working or not working in moving the youth toward independence. If issues or barriers were identified, reviewers must evaluate if those issues were appropriately managed and resolved or are on their way to being resolved.

*Rating Criterion:*

- Yes if there is clear documentation that the agency regularly evaluated the youth's progress in developing independent living skills, ensuring needed services were in place to effectively prepare the child for the future.
- No if there is minimal or no documentation to reflect the agency regularly evaluated the youth's progress in developing independent living skills, ensuring needed services were in place to effectively prepare the child for the future.
- ☐ NA if the focus child was younger than 15 years of age.

*References:* s.409.1451 (4) (b), F.S.; s. 39.407, F.S. ; Well Being Outcome 1, Item 17

**Ongoing Assessment of the Child's Needs****48.0 An ongoing assessment of the child(ren)'s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)**

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**Requirement:** Concerted efforts are required to assess the ongoing needs of the child specific to identifying the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family. This standard differs from earlier and later assessment standards as it relates to **family engagement in case planning**

*Instructions and Considerations:* An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers (e.g., Comprehensive Behavioral Health Assessment professional evaluations, and ongoing family assessments, etc). The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the child's needs, regardless of whether the needs were assessed in a formal or informal manner.

This standard asks if the child's needs other than education, physical health, and mental/behavioral health (including substance abuse), were addressed. (Education, physical/dental and mental health are addressed later.)

If the child was in out-of-home care, the reviewer must determine whether the agency assessed the ongoing needs of the focus child in the case related to normalcy issues, e.g. did the child have opportunities to join in extra curricula activities; did the child have appropriate clothing and allowances? For in-home cases, the reviewer must consider the ongoing needs of all children in the home and evaluate how each was engaged in case planning individually and/or within the family context.

*Rating Criterion:*

- Yes if evidence of an ongoing assessment was completed and adequately addressed the child's needs.
- No if there is no evidence of an ongoing assessment or the assessment was not adequate.
- NA if the case was open less than six months during the period under review.

*Reference:* Florida Administrative Code 65C-30.005; & Florida Administrative Code 65C-30.006, Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Ongoing Assessment of the Mother's Needs****50.0 An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes. (applicable to all cases)**

**Requirement:** The case management agency assessed the mother's ongoing needs specific to identifying the services necessary to achieve case goals and to adequately address the issues relevant to the agency's involvement with the family.

*Instructions and Considerations:* An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the mother, family, service providers (e.g., professional evaluations, and ongoing family assessments). The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the mother's needs, regardless of whether the needs were assessed in a formal or informal manner. An assessment of the mother's needs must include environmental, mental and physical health needs to include substance abuse and treatment needs. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the mother's needs to ensure the safety and well-being of her children through a formal or informal assessment.

The mother's needs must be assessed even when she is incarcerated (regardless of a no contact order with the child) or living out of state. If the assessment was not completed because of the court ordering no contact with the child, this is not a sufficient reason. Although the agency may not have been able to engage the mother in service delivery (standard #51), the case management agency must still assess her needs.

If the service case was activated during the period under review, the reviewer should consider whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether an ongoing assessment was conducted as appropriate. If the case was opened before the period under review, the reviewer should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning. In cases involving a non-custodial parent, the reviewer should look for evidence of ongoing assessments of the parent's capacity to protect or if there are any unidentified services that need to be addressed to ensure child safety.

*Rating Criterion:*

- Yes if the agency assessed the needs of the mother on an ongoing basis to identify the services necessary to achieve case goals.
- No if there the agency did not assess the needs of the mother on an ongoing basis to identify the services necessary to achieve case goals or the assessment was inadequate.
- NA if the mother's parental rights were terminated, the mother's whereabouts were not known during the entire period under review, despite efforts to locate, or the mother was deceased during the entire period under review.

*Reference:* Florida Administrative Code 65C-30.005 & Florida Administrative Code 65C-30.006 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Engaging the Child's Mother****51.0 Concerted efforts were made to support the mother's engagement with services. (applicable to all cases)**

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**Requirement:** Engaging families in services is critical to achieving permanency goals. The mother, father, out-of-home caregiver and the child, if age and developmentally appropriate, should participate in identifying services.

*Instructions and Considerations:* The reviewer must determine once appropriate services were identified whether efforts were made to address any identified barriers to parent engagement, e.g. ongoing resistance on the part of the parent, transportation, wait lists, cost, etc. and whether the services worker advocated on the parents' behalf.

*Rating Criterion:*

- Yes if the agency made concerted efforts to provide services to the mother to meet identified needs.
- No if the agency did not make concerted efforts to provide services to the mother to meet identified needs
- No if service providers are not available in the area to address the mother's identified needs.
- NA if the service is no longer required or needed, Termination of Parental Rights was achieved before the period under review, the parent's whereabouts were unknown, despite concerted efforts to locate, or the parent was deceased during the entire period under review.

*Reference:* Florida Administrative Code 65C-30.006, Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Ongoing Assessment of the Father's Needs****52.0 An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes. (applicable to all cases)**

**Requirement:** The case management agency must assess the father's ongoing needs specific to identifying the services necessary to achieve case goals and to adequately address the issues relevant to the agency's involvement with the family.

*Instructions and Considerations:* An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency, by a contracted provider, or through a more informal case planning process involving intensive interviews with the father, family, service providers (e.g., professional evaluations, or ongoing family assessments). The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the father's needs, regardless of whether the needs were assessed in a formal or informal manner. An assessment of the father's needs must include environmental, mental and physical health needs to include substance abuse and treatment needs. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the father's needs to ensure the safety and well-being of his children through a formal or informal assessment. The reviewer should evaluate based on whether an assessment was conducted and its adequacy when assessing this standard if the adoption is finalized.

The father's needs must be assessed even when he is incarcerated (regardless of a no contact order with the child) or living out of state. If the assessment was not completed because of the court ordering no contact with the child, this is not a sufficient reason. Although the agency may not have been able to engage the father in service delivery (standard #53), but the case management agency must still assess his needs.

If the service case was activated during the period under review, the reviewer should consider whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether an ongoing assessment was conducted as appropriate. If the case was opened before the period under review, the reviewer should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning. In cases involving a non-custodial parent, the reviewer should look for evidence of ongoing assessments of the parent's capacity to protect or if there are any unidentified services that need to be addressed to ensure child safety.

*Rating Criterion:*

- Yes if the agency assessed the needs of the father on an ongoing basis to identify the services necessary to achieve case goals.
- No if the agency did not assess the needs of the father on an ongoing basis to identify the services necessary to achieve case goals or the assessment was inadequate.
- NA if the father's parental rights were terminated, the father's whereabouts were not known during the entire period under review despite efforts to locate him, or the father was deceased during the entire period under review.

*Reference:* Florida Administrative Code 65C-30.005 & Florida Administrative Code 65C-30.006, Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Engaging the Child's Father****53.0 Concerted efforts were made to support the father's engagement with services. (applicable to all cases)**

**Requirement:** Engaging families in services is critical to achieving permanency goals. The mother, father, out-of-home caregiver, and the child, if age and developmentally appropriate, should participate in identifying services.

*Instructions and Considerations:* The reviewer must determine once appropriate services were identified whether efforts were made to address any identified barriers to parent engagement, e.g. ongoing resistance on the part of the parent, transportation, wait lists, cost, etc. and whether the services worker advocated on the parents' behalf.

*Rating Criterion:*

- Yes if the agency made concerted efforts to provide services to the father to meet identified needs.
- No if the agency did not make concerted efforts to provide services to the father to meet identified needs.
- No if service providers are not available in the area to address the father's identified needs.
- NA if the service is no longer required or needed, Termination of Parental Rights was achieved before the period under review, the parent's whereabouts were unknown, despite concerted efforts to locate, or the parent was deceased during the entire period under review.

*Reference:* Florida Administrative Code 65C-30.006 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Ongoing Assessment of Out-of-Home Care Providers****54.0 An ongoing assessment of the out-of-home care providers, adoptive or pre-adoptive parent's service needs was conducted in order to ensure appropriate care for the child. (applicable to out-of-home cases)**

**Requirement:** The case management agency assessed the services needed to achieve case goals, and adequately address the issues relevant to the agency's involvement with the family.

*Instructions and Considerations:* An out-of-home caregiver can include a licensed or unlicensed caregiver, adoptive or pre-adoptive parent. An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the out-of-home care provider or pre-adoptive parent, family, service providers (e.g., professional evaluations, ongoing family assessments, etc). The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the out-of-home care provider's needs, regardless of whether the needs were assessed in a formal or informal manner.

An assessment of the out-of-home care providers or adoptive parents' needs should include mental and physical health needs, as well as substance abuse issues. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the out-of-home care provider's or adoptive parents' needs to ensure the safety and well-being of the children through a formal or informal assessment. The reviewer should evaluate based on whether an assessment was conducted and its adequacy. The reviewer must determine whether an assessment was conducted to identify the out-of-home care provider's needs and their capacity to provide appropriate care and supervision to the children in their home. Needs may include respite care, assistance with transportation, counseling to address the child's behavior problems, etc.

*Rating Criterion:*

- Yes if the agency assessed the needs of the out-of-home care provider on an ongoing basis to identify the services necessary to achieve case goals.
- No if the agency did not assess the needs of the out-of-home care provider on an ongoing basis to identify the services necessary to achieve case goals.
- NA if the child was placed in a residential facility, e.g., juvenile justice commitment program, residential treatment facility, residential group care, during the entire period under review.
- NA if the child was in subsidized independent living during the entire period under review.

*Reference:* Florida Administrative Code 65C-30.005, 65C-30.006 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17

**Family Engagement in Case Planning**

**55.0** Concerted efforts were made to actively involve all case participants in the case planning process:  
(applicable to all cases)

**55.1** Mother

**55.2** Father

**55.3** Child (if developmentally or age appropriate)

**55.4** Out of Home Providers

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**Requirement:** Involving families in the development of case plans and identifying service needs is critical to achieving permanency goals. The mother, father, and child, if developmentally and age appropriate, should participate in the case planning process. This standard looks at a different set of circumstances other than whether or not there is a current case plan. Although the case plan may not have been filed timely or may not be current, there is evidence the family was actively involved in the case planning process.

*Instructions and Considerations:* If the initial case plan was developed before the period under review, the reviewer should focus on the mother, father, child and out-of-home provider's (if in out-of-home care) involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the types and level of services needed. The capacity of the child to participate in case planning must be assessed on a case-by-case basis, but as a guideline most children, elementary school age or older, may be expected to participate to some extent. The reviewer should not assume a child's knowledge about his or her case plan is an indicator of active involvement, and the parents' signature on the case plan does not imply active involvement. If there is no case plan in the file, the reviewer should determine whether the case file documented the extent to which all parties were involved in the case planning process.

Case planning should demonstrate the parents participated in 1) identifying strengths and needs, 2) identifying services and services providers, 3) establishing goals in case plans, 4) evaluating progress toward goals, and 5) discussing the case plan in the case-planning meeting. The active involvement of the child, if developmentally appropriate, includes consulting with the child about the goals and services, explaining the plan and terms used in the plan in language the child can understand, and including the child in periodic case planning meetings, particularly if any changes are going to be considered in the plan.

The reviewer must use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the engagement efforts overall.

*Rating Criterion:*

- Yes if concerted efforts were made to actively involve the mother, father, and child (if developmentally appropriate) in the case planning process.
- No if there is no evidence concerted efforts were made to actively involve the mother, father, and child or concerted efforts were not made to locate a parent whose whereabouts were unknown.
- NA if the parents' whereabouts were unknown, and concerted efforts, including a diligent search were made to locate the parents.
- NA if the parent's rights were terminated or the parent was deceased for the entire period under review.

- NA if the child was not developmentally or age appropriate.
- NA if the parents' involvement was determined to be contrary to the child's safety or best interests (for example, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation must be in the case file.

*Reference:* s. 39.6011(1) (a-c); & 39.6013(3-4), F.S.; & Florida Administrative Code 65C-30.006(1) (a-h), Federal Child & Family Services Review, Well-Being Outcome 1, Item 18

**Service Worker Visits: Frequency of Visits**

- 56.0** The **frequency** of the services worker's visits with all case participants was based on the assessed level of risk in the safety plan and is sufficient to address issues pertaining to the safety, permanency, and well-being of the child. *(applicable to all cases)*
- 56.1** Mother
- 56.2** Father
- 56.3** Child
- 56.4** Caregiver (out-of-home)
- 56.5** The frequency of contacts is documented in the safety plan and approved by the supervisor
- 56.6** Unannounced visits to the child's current place of residence is completed once every three months.

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**Requirement:** The child and caregiver must be seen every seven days while in shelter status and every seven days during the first thirty days after removal when the child is placed with a relative or non-relative.

Contact with the child and caregiver, regardless of the case goal, must occur at a minimum of every 30 days (without exceptions) or more often if needed. Face-to-face contacts shall occur more frequently than every thirty days when the child's situation dictates more frequent contact, as determined by the services worker's supervisor based on a review of the case and assessed safety and risk level or as determined by the court. At least once every three months, the case management agency shall make an unannounced visit to the child's place of residence. The reviewer must determine the most typical pattern of visiting during the period under review because the actual frequency may vary in a specific time period. The reviewer should consider the frequency of visits necessary to ensure the child's safety, permanency, well-being, and the achievement of case goals. Contact requirements are required even if a child is placed in a Department of Juvenile Justice facility.

*Instructions and Considerations:* The reviewer should consider the frequency of visits necessary to effectively address child safety, permanency, well-being and the achievement of case goals. When the goal is Reunification or Maintain and Strengthen the reviewer must assess whether face-to-face contacts with the mother and the father occurred at a minimum of every 30 days or more often if needed. Contact with the child and caregiver, regardless of the case goal, must occur at a minimum of every 30 days or more often if needed. Contact is required every seven days for a child in shelter status, and an increased frequency of contacts is required for the first three months following reunification depending on the child's age, special needs and assessed risk.

If the child is in a placement out-of-state, the reviewer must determine whether the services worker from the jurisdiction in which the child is placed, or the services worker from the jurisdiction from which the child was placed, visited with the child in the placement on a schedule consistent with the child's needs and no less frequently than once per year, as required by Federal law.

If the parent resides out-of-state, in lieu of a face-to-face contact, the documentation shall support other forms of contact (e.g. telephone calls, letters, emails, etc.) by the case management agency.

The reviewer must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the frequency of the service worker's visits overall. **Due to the implications of child safety and well-being, if the rating for child is "No", then the overall standard must be rated "No."**

*Rating Criterion:*

- Yes if the case manager's contacts with the mother, father, child, and caregiver when applicable, were consistent with state requirements and their respective needs.
- No if the contacts with the mother, father, child, and caregiver when applicable were not consistent with state requirements or their respective needs.

## For Mother / Father:

- NA if both parents are deceased (during the entire period under review) and the child is not in a permanent home.
- NA if the whereabouts of both parents is unknown and (during the entire period under review) there is documentation of the agency's concerted efforts to locate them.
- NA if during the period under review, neither parent indicated interest in being involved in the child's life after contact or concerted efforts to contact were made by the agency, and/or contact between the agency and the parent would not be in the child's best interest (for example, parental rights have been terminated with no plan for further parental involvement, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation for this also must be in the case file.

*Reference:* Florida Administrative Code 65C-30.007 (1) (a-b); (2) (a-d); (3) (a-b), 4 (a), (5) (a-b), & (7), Federal Child & Family Services Review, Well-Being Outcome 1, Items 19 & 20

**Service Worker Visits: Quality of Visits**

**57.0** The **quality** of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. *(applicable to all cases)*

**57.1** Mother

**57.2** Father

**57.3** Child

**57.4** Caregiver (out-of-home)

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**Requirement:** Services worker contacts with the parents and caregiver are to address case plan progress, child's progress, development, health and education. Contacts by the services worker with the child shall be purposeful and focused on the reasons for supervision and progress with tasks and services in the case plan or safety plan. Some visits with the child should be independent of the caregiver.

*Instructions and Considerations:* The reviewer should consider: length of the contact (for example, was it of sufficient duration to address key issues with the mother, father, child, and out-of-home caregiver or was it a brief, non-substantive visit); location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a restaurant or court house); and, whether the case manager saw the child alone or whether the parent or foster parent was usually present during the case manager's contacts with the child. The reviewer should assess the quality of contacts with infants and toddlers, e.g. services worker's interaction with the child, child's interaction with the caregiver and surroundings, assessment of child's development, etc.

The reviewer must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the service worker's visits overall.

*Rating Criterion:*

- Yes if there is evidence of qualitative visits during which the case manager addressed issues pertaining to the child, mother, father and out-of-home caregiver's needs including the child's life skills, educational, and health care needs, services, and case goals during the visits, regardless of frequency.
- No if the reviewer determines the quality of the visits with the parent, child and caregiver were not of sufficient quality to address needs, services, and case goals.
- No if the child was older than an infant and the caseworker did not see the child alone for at least part of each visit.
- NA for parents if the response to #56 was NA or if there were no contacts during the review period.

*Reference:* Florida Administrative Code 65C-30.007(2) (d); (5) (a), (9) (a-d) & Federal Child & Family Services Review, Well-Being Outcome 1, Item 19 & 20

**Educational Needs Assessments**

- 58.0**    **The child’s educational needs are assessed on an on-going basis during out-of-home placement.**  
*(applicable to all cases)*

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**Requirement:** Educational needs were appropriately addressed in case planning and case management activities. The reviewer should assess this standard for all out-of-home cases and in-home cases. Education needs may include academics such as grade level, grades, special education services including appointment of surrogate parent or training of parent or foster parent in educational advocacy and access to extracurricular activities, as well as truancy, suspension or expulsion.

*Instructions and Considerations:* All in-home and out-of-home cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this standard. In-home services cases are applicable for an assessment when this issue is relevant. For example, the agency should address educational issues in a case involving a child with a verified maltreatment report during the period under review and the maltreatment was affecting the child’s school performance. Additionally, educational issues should be addressed if physical abuse occurred due to performance problems in school.

If a child is thirty-five (35) months or younger and is identified as having developmental delays, the child is eligible to be assessed through Early Steps (Florida’s Early Intervention System). The reviewer should consider this type assessment if applicable.

*Rating Criterion:*

- Yes if the agency assessed the child’s educational needs.
- No if there the agency did not assess the child’s educational needs.
- NA if the out-of-home case, or the in-home case if relevant, involved a child age two or younger and there were no apparent developmental delays.
- NA for the in-home services case if the reviewer determines during the period under review, there was no reason to expect the life skills or educational issues for any children in the family to be addressed, given the reason for agency involvement or the circumstances of the case.

*Reference:* s. 39.6012(2) (b), F.S.; Florida Administrative Code 65C-30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 21

**Services to Support Educational Outcomes**

**59.0 Services are engaged as needed to reduce or resolve issues interfering with the child's education.**  
(applicable to all cases)

**59.1 The case manager maintains routine contact with school personnel.**

**59.2 The child in on grade level or services are engaged to assist the child's learning needs.**

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**Requirement:** Services are identified to effectively reduce or resolve the issues that interfere with the child's education. The goal is to positively impact the child's school performance and success in life. The engagement of necessary educational services to address identified needs are required for the focus child in out-of-home cases and for children in in-home service cases. Education services should be addressed in the case plan.

*Instructions and Considerations:* The reviewer must determine if the child had identified educational needs and determine if services were provided to address those needs. For example, did the child need special education services, appointment of a surrogate parent, extra help or tutoring with school work, advocacy with the school system, early intervention through a preschool program, assistance to participate in extracurricular activities, etc.? Were appropriate services provided to address the identified needs? Did the agency advocate for the youth remaining in the school of origin when that was in the child's best interest? Evidence of the outcome of service provision may be found in report cards and other school documents located in the file or in case note documentation.

*Rating Criterion:*

- Yes if the case manager maintains routine contact with school personnel and services were engaged and reduced or resolved issues interfering with the child's education in out-or-home care cases or in-home cases.
- No if routine contact with school personnel and the needed services were not provided to address the issues interfering with the child's education.
- NA if no educational issues are interfering with the child's educational progress

*Reference:* s. 39.6012(2) (b); & 39.701(7) (a) 8, F.S.; Florida Administrative Code 65C- 30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 21

**Educational Stability**

- 60.0 The stability of the child's educational placement is addressed with each change of placement.** .  
(applicable to all cases)

**Requirement:**

Each time a child is moved from one home or placement to another, the stability of the child's educational setting must be addressed to determine whether the child should remain in the school of origin, i.e., the school of attendance immediately prior to the move. If yes, the agency must advocate with the school system to accomplish this and provide transportation if the school will not. If the child must change schools as a result of the placement move, the agency must work to minimize the disruption to the child's education to the extent possible and must ensure the child's immediate enrollment in the new school.

*Instructions and Considerations:* All in-home and out-of-home cases involving a school-aged child are applicable for an assessment of this standard. The assessment must be made for each change of the child's placement during the period under review.

The decision as to whether it is in the child's best interest to remain in the school of origin should be made, when possible, with school personnel, the child's parents, the foster parents and the child's surrogate parent, if any, as well as the child's guardian ad litem and attorney, if the child has an attorney. The decision should be made by looking at the specific educational and social needs of the child, compared against the programs offered in the school of origin and the school in the new attendance zone. While length of the commute to the school of origin in consideration of the child's age and maturity is relevant, difficulty in providing transportation to the school of origin.

*Rating Criterion:*

- Yes if the agency fully assessed the child's best interest concerning school attendance AND the child was retained in school of origin if this was in child's best interest OR the agency worked to minimize disruption to child's education by seeking to move schools at the end of a grading period, etc. AND immediately enrolled the child in the new school.
- No if the agency did not assess the child's educational stability needs OR if the agency did not retain child in school of origin if the assessment showed this was in child's best interest OR if the agency did not immediately enroll child in the new school.
- NA if the case involved a child who was not of school age.

*Reference:* s. 39.4085(17), F.S.; s. 39.6012(2)(b), F.S. Florida Administrative Code, and The Fostering Connections to Success Act.

## Healthcare Needs Assessment

- 61.0** The child's health care needs are assessed initially and on an ongoing basis through periodic health screening services conducted during the period under review. *(Applies to all out-of-home case) (Applies to in-home cases when relevant to why the child and family are involved with the dependency system.)*

**Requirement:** A child's physical health needs must be assessed within 72 hours if he/she is removed from the home, or if health issues are the reason why the dependency system has intervened. Health assessments are important at the time of the initial contact and on an ongoing basis. This applies to all out-of-home cases and for children in in-home cases when the physical health issue is relevant to the reason for the agency's involvement. Reviewers should determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s health care needs both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted during the period under review. For out-of-home cases only, the reviewer should determine if there is evidence that the Child Health Check-Up schedule was followed:

- Birth or neonatal examination
- 2-4 days for newborns discharged in less than 48 hours after delivery
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once per year for 3 through 20 year olds\*
- For more information, please visit: <http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml>

The child may enter the periodicity schedule at any time. For example, if a child has an initial screening at age 4, then the next periodic screening is performed at age 5. Florida Medicaid recommends check-ups at 7 and 9 years of age for children at risk. To receive Medicaid reimbursement for Child Health Check-Ups, providers must follow the Child Health Check-Up periodicity schedule. The schedule is based on the American Academy of Pediatrics, "Recommendations for Preventive Pediatric Health Care" and Florida Medicaid's recommendation to include the 7 and 9 year old recipients. To be reimbursed by Medicaid, the provider must assess and document in the child's medical record all the required components of a Child Health Check-Up. The required components are as follows:

- Comprehensive Health and Developmental History including assessment of past medical history, developmental history and behavioral health status;
- Nutritional assessment;
- Developmental assessment;
- Comprehensive unclothed physical examination;
- Dental screening including dental referral, when required;
- Vision screening including objective testing, when required;
- Hearing screening including objective testing, when required;
- Laboratory tests including blood lead testing, when required;
- Appropriate immunizations;
- Health education, anticipatory guidance;
- Diagnosis and treatment; and

- Referral and follow-up, as appropriate

*Instructions and Considerations:* Children should achieve and maintain their best attainable health status, including dental, audio and visual care consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. Healthy development requires that the child's basic needs for proper nutrition, clothing, shelter, and hygiene be met on a daily basis. Proper medical care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive health care should follow Child Health Check Up Periodicity Schedule. This extends to reproductive health care education and services for older children to prepare and protect them from exposure to sexually transmitted diseases, and teen pregnancy, as appropriate.

Children prescribed medications on a continuous basis should be carefully monitored by a responsible adult. If the child requires any type of adaptive equipment or other special procedures, persons working with the child are provided instruction in the use of the equipment and special procedures. Should a child have a serious condition, possibly degenerative, the services and supports have been provided to allow the child to remain in the best attainable physical status given his/her diagnoses and prognoses.

Applicable cases include all out-of-home cases, in-home service cases if physical health issues were relevant to the reason for the agency's involvement with the family, and/or it is reasonable to expect the agency to address the physical health issues given the circumstances of the case. In-home service cases are not applicable for an assessment if the reviewer determined there was no reason to expect the agency to address physical health issues for any child in the family, given the reason for agency involvement or the circumstances of the case. The evidence to take under consideration would include, but is not limited to:

- Conducting an initial health care screening, such as Child Health Check Up or other comprehensive medical examination upon entry into foster care (if the child entered foster care during the period under review).
- Ensuring that, during the period under review, the child received ongoing periodic preventive physical screenings to identify and avoid potential problems. (Preventive health care refers to initial and periodic age-appropriate physical health examinations.)
- Including an assessment of physical health needs in the initial comprehensive needs assessment (if the child entered foster care during the period under review), or in ongoing needs assessments conducted to guide case planning.

*Rating Criterion:*

- Yes if the child's physical health care needs were assessed initially (if the child entered foster care during the period under review) and on an ongoing basis through periodic health screening services conducted during the period under review.
- No if the child's physical health care needs were not assessed initially (if the child entered foster care during the period under review) or on an ongoing basis through periodic health screening services conducted during the period under review.
- NA if the child was not removed or his/her physical health care need was not relevant to the agency's reasons for involvement with the child and family.

*Reference:* 39.407(1), F.S., s. 39.6012(2) (a-b), F.S., Florida Administrative Code 65C-29.008 (1) & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22

**Healthcare Services**

- 62.0** **Services are provided to address the child's identified physical health needs.** . (Applies to all out-of-home case) (Applies to in-home cases when relevant to why the child and family are involved with the dependency system.)

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**Requirement:** Health care services must be obtained to address the child's identified physical health needs. This applies to all out-of-home cases and for children in in-home cases when the physical health issue is relevant to the agency's reason for involvement.

*Instructions and Considerations:* For out-of-home cases only, the reviewer should determine if the case plan addressed health care needs and the current records reflect services to address identified needs. For in-home cases with an identified physical health care need relevant to the agency's involvement, the reviewer must determine if the need was appropriately addressed.

*Rating Criterion:*

- Yes if appropriate services were provided based on the doctor's treatment plan.
- No if appropriate services were not provided based on the doctor's treatment plan.
- NA if the child had no identified physical health care need or the physical health care need was not relevant to the agency's involvement.

*Reference:* s. 39.001(1) (a); 39.6011(8); 39.701(8) (a)12; 39.6012(2) (a) (b) 1-8; F.S.; Florida Administrative Code 65C-13.029(1) (f-h); Florida Administrative Code 65C-28.003; Florida Administrative Code 65C-30.006(5) (f) 1-4, F.A.C., Social Security Act s. 474 (5) (D); Social Security Act s. 475(1) (c); & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22

### Dental Health Needs Assessment

- 63.0** The child's dental health needs were assessed upon entry into out-of-home care and on an ongoing basis through periodic screening services. *(Applies to all out-of-home case) (Applies to in-home cases when relevant to why the child and family are involved with the dependency system.)*

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**Requirement:** An assessment of the child's dental health needs applies to all out-of-home cases and in-home cases when the dental health issue is relevant to the agency's reason for involvement. Reviewers should determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s dental needs both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic dental screening services conducted during the period under review. The reviewer should determine if the child's dental records are up to date and included in the case file to the extent available and accessible.

*Instructions and Considerations:* Children should achieve and maintain their best attainable dental health status. Healthy development requires that the child's basic needs for proper nutrition, clothing, shelter, and hygiene be met on a daily basis. Proper dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive health care should follow EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) and Early Intervention Program (0-3) guidelines, as appropriate.

Applicable cases include all out-of-home cases, in-home service cases if dental issues were relevant to the reason for the agency's involvement with the family, and/or it is reasonable to expect the agency to address the physical health issues given the circumstances of the case. In-home service cases are not applicable for an assessment if the reviewer determined there was no reason to expect the agency to address dental health issues for any child in the family, given the reason for agency involvement or the circumstances of the case.

*Rating Criterion:*

- Yes if the child's dental health care needs were assessed initially (if the child entered foster care during the period under review) and on an ongoing basis through periodic health screening services conducted during the period under review.
- No the child's dental health care needs were not assessed initially (if the child entered foster care during the period under review) or on an ongoing basis through periodic health screening services conducted during the period under review.
- NA if the child was not removed or his/her dental health care need was not relevant to the agency's reasons for involvement with the child and family.
- NA if the child was under the age of 3 and had no identified dental health need.

*Reference:* 39.407(1), F.S., s. 39.6012(2) (a-b), F.S.; s. 39.001(1) (a), F.S.; Florida Administrative Code 65C-29.008 (1); 59G-4.060 and 65C-30.006(5) (f), Florida Administrative Code; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22

**Dental Health Services**

- 64.0** Services are provided to address the child's identified dental health needs. (*Applies to all out-of-home case*) (*Applies to in-home cases when relevant to why the child and family are involved with the dependency system.*)

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**Requirement:** Services are required to address the child's dental health needs once the needs are identified. If a child is Medicaid eligible, these services shall be obtained through a Medicaid provider. If a child is not Medicaid eligible, these services shall still be provided.

*Instructions and Considerations:* The reviewer must assess this standard based on the child(ren)'s dental health needs and whether services were provided to address those needs during the period under review. Documentation reflects that the services agency followed-up on treatment plans that the doctor ordered. Needs that were identified prior to the period under review and not resolved or needs that were ongoing should be considered when assessing this standard. For out-of-home cases, the reviewer must determine if the case plan addresses the issue of dental care needs.

*Rating Criterion:*

- Yes if identified dental services are provided.
- No if identified dental services were not provided.
- No if services were not provided because there is no Medicaid provider in the area for dental care.
- NA if there were no dental health needs identified or for in-home cases, the issue was not relevant to the agency's reason for involvement.

*Reference:* Social Security Act s. 474(5)(D) & 475(1) (C); 39.001(1)(a); 39.6011(8); 39.701(8)(a)12, & 39.6012 (2) (a) (b) 1-8; F.S.; 59G-4.060; Florida Administrative Code 65C-13.029(1) (f-h); Florida Administrative Code 65C-28.003; Florida Administrative Code 65C-30.006(5)(f) 1-4; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22

**Mental and Behavioral Health Needs Assessment**

**65.0** An assessment(s) of the child's mental/behavioral health needs was conducted. (*Applies to all out-of-home case*) (*Applies to in-home cases when relevant to why the child and family are involved with the dependency system.*)

**Requirement:** A Comprehensive Behavioral Health Assessment (CBHA) of the child's mental/behavioral health needs is required initially for all children in out-of-home care regardless if behavioral problems are identified including substance abuse. Assessments must also be done on an ongoing basis to inform case planning decisions. Out-of-home cases are also applicable when a substance abuse treatment need is identified. For in-home cases, this requirement is applicable if mental/behavioral health issues are relevant to the reason for the agency's involvement.

*Instructions and Considerations:* The reviewer should determine whether the agency conducted a formal or informal mental/behavioral health assessment on the child either at the time the child entered into out-of-home or in an in-home case if the mental/behavior health issue is relevant to the agency's reason for involvement.

For example a mental/behavioral health assessment may be required for an in-home child who is the subject of a verified maltreatment report and there is reason to suspect the maltreat affected the child's mental health; a service case is activated due to inappropriate parenting of a mentally ill child and treatment would be relevant to reduce the risk to the child, etc.

*Rating:*

- Yes if the child's mental and behavioral health needs were assessed initially and on an ongoing basis through conducted during the period under review.
- No if the child's mental and behavioral health needs were not assessed initially or on an ongoing basis through conducted during the period under review
- NA if the mental/behavioral health services needs were not the reason for in-home supervision.

*Reference:* s. 39.407(1); & 39.6012(2)(a), F.S.; Florida Administrative Code 65C-28.014; Florida Administrative Code 65C29.008; Florida Administrative Code 65C-30.002(1); Florida Administrative Code 65C-30.006(1)(a), (2), (3)(b), & (5)(g)1, Children & Families Operating Procedure 155-10; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 23

**Mental and Behavioral Health Services**

**66.0** Services were provided to address the child's identified mental/behavioral health needs. (*Applies to all out-of-home case*) (*Applies to in-home cases when relevant to why the child and family are involved with the dependency system.*)

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**Requirement:** Services must be provided to address the child's mental/behavioral health. These services may include screenings and diagnostic tests to determine finite or long term needs. Documentation must reflect that the services agency followed-up on all treatment plans that the doctor ordered.

*Instructions and Considerations:* The reviewer should consider the identified mental/behavioral health needs and services provided to address those needs, including screening, assessment, outpatient treatment, inpatient mental health treatment, substance abuse treatment, and individual, group and family therapy, etc.

*Rating Criterion:*

- Yes if appropriately matched services were provided and follow-up was conducted to ensure compliance with treatment plans.
- No if services were needed, but not provided and no follow-up occurred regarding the treatment plans.
- NA if there was no mental/behavioral health service needs identified during the period under review or mental and behavioral health services were not the reason for in-home supervision.

*Reference:* s. 39.001 (4) (c) & d; 39.6012(2) (a-b), F.S.; Florida Administrative Code 65C-28.014 (3-5), Children & Families Operating Procedure 155-10; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 23

**Psychotropic Medication Monitoring and Oversight**

- 67.0** Children prescribed a psychotropic medication are closely monitored by the case manager to ensure his/her safety and well-being. (*applicable to out-of-home cases-life of case*)
- 67.1** The case management organization involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning.
- 67.2** The case manager provided the prescribing physician all pertinent medical information known to the agency at the time.
- 67.3** The case manager documented coordination with other treatments for behavioral and non-psychotropic medical interventions.
- 67.4** The case manager documented routine monitoring of Medication Administration Records to ensure the caregiver was administering the medication correctly and prescriptions were refilled on time.
- 67.5** If the focus child is under eleven (11) years of age and prescribed two (2) or more psychotropic medications, a pre-consent review is completed by a second party child psychiatrist or a child psychiatrist at the University of Florida via the UF pre-consent review process.
- 67.6** The parent or guardian consented to treatment of the court authorized treatment and the Medical Report was provided to the court to guide in decision making.

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**Requirement:** If parental rights have not been terminated, parents (birth or adoptive) and/or a legal guardian are authorized to provide informed consent that the child receive psychotropic medication(s). If a child does not have a birth or adoptive parent, or a legal guardian, authorization to treat with psychotropic medications must be pursued through a court order. The child, if age appropriate, also has a right to be advised about the prescribed medication and to agree to take the medication.

*Instructions and Considerations:* For children in foster care whose parents' rights have not been terminated, case management and the prescribing physician must attempt to obtain written express and informed consent from the child's parent or legal guardian. Case management must take necessary steps to facilitate the inclusion of the parent in the child's consultation with the prescribing physician.

Reviewers should find documentation that case management facilitated contact with the parent and the prescribing physician as soon as possible upon learning of the recommendation for psychotropic medications. When express and informed consent cannot be obtained from the child's parents, the investigator must refer the situation to the Children's Legal Services attorney who will then petition the court.

"Express and informed consent" is provided by the prescribing physician and documented in the Medical Report. Express and informed consent means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

*Rating Criterion:*

- Yes if the case record documented that the focus child (if prescribed a psychotropic medication) was closely monitored and all treatment interventions were coordinated.
- No if the case record did not clearly document that the focus child (if prescribed a psychotropic medication) was closely monitored and all treatment interventions were not well coordinated.

- NA if the child was not prescribed a psychotropic medication.

*Reference:* F.A.C. 65C-28.016; F.A.C. 65C-35; s.394.455, CFOP 175-98, s. 39.001(4) (c) & 39.6012 (2) (a-b), F.S.; Well-Being Outcome 3, Items 22 and 23

**Judicial Reviews and Judicial Review Social Service Reports (Timeliness and Quality)**

**69.0 Judicial Reviews were held in a timely manner and Judicial Review Social Study Report's (JRSSR's) provided a thorough investigation and social study concerning all pertinent details relating to the child.**

**69.1 JRSSRs were held in a timely manner**

**69.2 JRSSRs were thorough**

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**Requirement:** The initial Judicial Review must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing at which the court approves the case plan, whichever comes first, but in no event later than 6 months after the date the child was removed from the home. The court shall review the status of the child and hold a hearing at least every 6 months until the child reaches permanency status. If the child is placed in the custody of the department or a licensed child-placing agency for the purpose of adoptive placement, judicial reviews must be held at least every 6 months until the adoption is finalized. Regularly scheduled judicial review will be held on missing children until the child reaches the age of majority or the court terminates jurisdiction. Judicial Reviews will be held within 90 days after a child in out-of-home care reaches his or her seventeenth birthday. Judicial Reviews will be held in the month that begins the six-month period before a child reaches his or her eighteenth birthday to assist the child in transitioning from care. A quality Judicial Review Social Study Report will address:

- A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for the appropriateness of the placement.
- Documentation of the diligent efforts made by all parties to comply with each applicable provision of the case plan.
- Current status of prescribed psychotropic medications, if applicable.
- The amount of fees assessed and collected during the period of time being reported.
- The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.
- A statement that either:
  - a) The parent, though able to do so, did not comply substantially with the case plan, and the agency recommendations;
  - b) The parent did substantially comply with the case plan; or
  - c) The parent has partially complied with the case plan, with a summary of additional progress needed and the agency recommendations.
- A statement from the foster parent or legal custodian providing any material evidence concerning return of the child to the parent or parents.
- A statement concerning the frequency, duration, and results of parent-child visitation, if any, and the agency recommendations for an expansion or restriction of future visitation.
- The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.

- The number of times a child’s educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.
- If the child reached 13 years of age but is not yet 18 years of age, the results of the pre-independent living, life-skills, or independent-living assessment, the specific services needed, and the status of the delivery of the identified services.
- Copies of all medical, psychological, and educational records that support the terms of the case plan and that have been produced concerning the parents or any caregiver since the last judicial review hearing.
- Copies of the child’s current health, mental health, and education records as identified in s. 39.6012, to include information related to psychotropic medications the child may be prescribed.
- Children referenced in court by the same case number should be addressed individually in the JRSSR.

*Instructions and Considerations:* The reviewer should rate this standard as to what occurred during the period under review. Each of the components above is critical to completing a thorough Judicial Review Social Study Report. The reviewer must use professional judgment in providing a final rating to the standard after carefully considering the quality of the report overall.

*Rating:*

- Yes if a thorough and quality JRSSR was completed and the Judicial Review was held timely.
- No if a Judicial Review was due and was not completed or was not completely timely.
- No if the JRSSR did not contain a thorough investigation and social study concerning all pertinent details relating to the case.
- N/A if the case reviewed was a voluntary case or a Judicial Review was not due during the Period Under Review

*Reference:* s.s. 39.701, F.S., Florida Administrative Code 65C-30.013 (4), CFSR Systemic Factor #26

**Twelve-Month Forecast**

**70.0** Based on all of the information reviewed, it is likely the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months.

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**Requirement:** Based on all of the information reviewed, it is highly likely the child is living in a safe and nurturing environment; that he/her needs are being met, and there are significant factors to suggest the safe and stable living environment will continue into the future.

*Instructions and Considerations:* There is evidence that a planning process is used that is fully individualized and relevant to child and family needs and to family changes that must be made to achieve independence and sustainable, safe case closure. Planning is well-reasoned, building on accurate understandings from recent assessments and fully reflecting the long-term view.

*Rating:*

- ✓ Yes if the reviewer believes the casework and practice decisions are on the right track.
- ✓ No if the reviewer found casework and practice decisions were not on the right track.

*Reference:* None

**Another Planned Living Arrangement**

- 71.0** For children with the goal of “Another Planned Permanent Living Arrangement,” the agency made concerted efforts to ensure the child is adequately prepared to transition into independent living and is living in a “permanent” arrangement until he/she reaches the age of majority. (*applicable to Another Planned Permanent Living Arrangement [APPLA] cases*)
- 71.1** The agency has made or is making concerted efforts to adequately prepare the child to transition from foster care into independent living upon being emancipated or reaching the age of majority.
- 71.2** The living arrangement is deemed “permanent” based on a commitment on the part of the foster parent, relative or non-relative caregiver.
- 71.3** The child is in a long-term facility and will remain in that facility until transition into an adult care facility.

**Requirement:** Permanency goals include reunification, adoption, permanent guardianship, permanent placement with a fit and willing relative, or another planned permanent living arrangement. If the first four permanency goals are ruled out, the court may find the best option to be “another planned permanent living arrangement (APPLA).” The APPLA permanency goal is appropriate only if there is reason to believe the placement will endure and be more stable and secure than ordinary foster care; that the health, safety and well-being of the child will not be jeopardized; and that there are compelling reasons the “another planned permanent living arrangement” is most suitable to the specific child.

Compelling reasons include, but are not limited to, a 15 year-old living in foster care remains in touch with and closely bonded to a parent, but the parent is unable to provide for or protect the child; the Indian tribe has identified another planned permanent living arrangement; or the foster child is at least 16 years of age and chooses to remain with the foster parents who are committed to caring for the child until he/she reaches 18 years of age.

In addition, there must be a commitment on the part of the foster parent, relative or non-relative that the living arrangement is permanent until the child reaches 18 or is emancipated.

*Instructions and Considerations:* Reviewers should not rate this standard based on whether or not the APPLA goal was appropriate since that issue is addressed in Standard #22. Rather reviewers should determine if there is evidence that the agency made concerted efforts to prepare the child with the APPLA goal to transition into adulthood upon reaching 18 years of age and that there is a commitment on the part of all parties involved that the child remain in the APPLA placement until reaching majority or emancipation.

Similar to the Standard # 47 that addresses all youth living in licensed care in general, this standard asks the reviewer to specifically identify service provision for the child with the APPLA goal that will assist the child to transition to adulthood.

When the APPLA goal has been achieved, the judicial review should contain information showing the commitment and endurance of the placement. If the goal is aspirational, i.e., not yet actually achieved, the case plan should provide clear tasks designed to achieve a placement with the commitment and endurance of a permanent placement.

The reviewer must provide a Yes or No response for each of the three components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of concerted efforts and commitment.

*Rating Criterion:*

- Yes if concerted efforts were made to provide services specific to the child's needs to successfully transition into adulthood are/were provided, and the caregiver is committed to providing a home for the child until his/her 18<sup>th</sup> birthday or emancipation.
- No if concerted efforts were not made to provide services or there is no documented evidence the caregiver is committed to providing a home until the child's 18<sup>th</sup> birthday or emancipation.
- NA if the child is not under an APPLA permanency goal.

Reference: s.s. 39.6241, F.S., Florida Administrative Code 62C-28.009, CFSR Permanency Outcome 1, Item 10,

**Data Integrity of Florida Safe Families Network (FSFN)**

- 72.0 Case work activities are accurately documented in the Florida Safe Families Network. (Period Under Review is 9 months)**
- 72.1 Healthcare assessments and reports, including immunization records, are scanned in the file cabinet and services are documented in the medical tab. The diagnoses from physical health care screenings, periodicity health check-ups, and the results of these screenings and check-ups are documented in the Florida Safe Families Network (FSFN). Health records included the names of the child's health care providers, a record of the child's immunizations; child's known medical problems, child's medications, and any other relevant health information.**
- 72.2 Psychotropic Medications (name of medication, purpose, dosages, dates of express and informed consent, name of prescribing physician) and notes concerning treatment and monitoring of the medication are documented in the notes section of the psychotropic medication tab.**
- 72.3 The Comprehensive Behavioral Health Assessment (CBHA) is scanned into the file cabinet and notes regarding services are documented in the Mental Health tab in FSFN.**
- 72.4 Case Plans are completed in FSFN.**
- 72.5 Judicial Review Social Service Reports are completed in FSFN.**
- 72.6 Educational assessments, report cards, Individual Education Plans are scanned into the file cabinet and services are documented in the case notes section of the educational tab.**
- 72.7 Family Assessments are completed in FSFN.**
- 72.8 Safety Plans are completed in FSFN.**

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**Requirement:** Effective July 1, 2012, Florida Statutes require a single, standard electronic child welfare case file. The Florida State Automated Child Welfare Information System (SACWIS) is known as the Florida Safe Families Network (FSFN). Title XIII, Section 13713, ENHANCED MATCH FOR AUTOMATED DATA SYSTEMS, of the Omnibus Budget Reconciliation Act (OBRA) of 1993 (Public Law 103-66), enacted on August 19, 1993. That legislation provided states with the opportunity to obtain 75 percent enhanced funding through the Title IV-E program of the Social Security Act to plan, design, develop, and implement a SACWIS. Additionally, the legislation provided an enhanced SACWIS cost allocation to States so that Title IV-E would absorb all SACWIS costs for foster and adopted children, without regard to their Title IV-E eligibility.

Subsequent to the passage of OBRA 1993, the Administration for Children and Families (ACF) promulgated the Departmental regulations at 45 CFR 1355.50 - 1355.57, issued on December 22, 1993. These regulations implemented sections 474(a)(3)(C) and (D) of Title IV-E of the Social Security Act which were added as a result of P.L. 103-66. Since then, a variety of guidance documents have been issued, all of which can be accessed from our Federal Guidance page.

In exchange for the additional funding provided to a State that elects to implement a SACWIS, the State must agree that the SACWIS will be the sole case management automation tool used by all public and private social workers responsible for case management activities. Furthermore, staff are expected to enter all case management information into SACWIS so it holds a State's "official case record" - a complete, current, accurate, and unified case management history on all children and families served by the Title IV-B/IV-E State agency. By law, a SACWIS is required to support the reporting of data to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Furthermore, a SACWIS is expected to have bi-directional interfaces with a State's Title IV-A (Temporary Assistance for Needy Families), Title XIX (Medicaid), and Title IV-D (Child Support) systems.

SACWIS systems must also collect and manage the information necessary to facilitate the delivery of child welfare support services, including family support and family preservation. States are encouraged to add complementary functionality to their SACWIS, such as functionality that supports child protective services,

thereby providing a unified automated tool to support all child welfare services. States may incorporate other programs into a SACWIS (such as TANF emergency assistance, juvenile justice, mental health, and adult protective services) or provide access for other human service professionals (such as family courts, schools, medical providers, and providers of services to stabilize families and ensure child well-being).

*Rating Criterion:*

- Yes if the case manager used FSFN as the single case record and all case work activities are documented.
- No if the case manager did not use FSFN as the single case record and all case work activities were not documented.

Reference: Public Law 103-66), 45 CFR 1355.50 - 1355.57, s.39.01 (3), F.S.

## GLOSSARY OF DEFINITIONS

### Actively Involved:

- The agency involved the parent in: (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in the case plans, (4) evaluating progress toward goals; and (5) discussing the case plan in case planning meetings.
  - For in-home services cases, “parents” are defined as the child’s biological parents or primary caregivers with whom the child lives, or a non-custodial parent who is involved or wishes to be involved in the child’s life. See definition of caregiver.
  - For out-of-home cases parents would include (1) the child’s biological parents, (2) the primary caregiver, other than a biological parent, from whom child was removed or (3) the pre-adoptive parents or persons designated to be guardians for those cases in which, during the **period under review**, the only plan for the child was adoption of guardianship.
- The agency consulted with the child (as developmentally appropriate) regarding: (1) the child’s goals and services, (2) explained the plan and terms used in the plan using language the child can understand; and (3) included the child in periodic case planning meetings, particularly if any changes were being considered in the plan.

**Behavioral Health Needs:** Needs related to a child’s behavioral problems not always specified as mental health needs. Specifically:

- Extraordinary Needs – A dependent child with serious behavioral problems or determined to be without the option of reunification with family or adoption.
- Serious behavioral problems in a child assessed by a licensed master’s-level human services professional and determined to minimally need intensive services but not meeting the criteria in 394.492(7), F.S.
- A child with an emotional disturbance as defined in 394.492 (5) or (6), F.S. may be served in residential group care unless a determination is made by a mental health professional that the setting is inappropriate.
- A child having a serious behavioral health problem must be determined, in the assessment, to have at least one of the following risk factors:
  1. An adjudication of delinquency and be on conditional release status with the Department of Juvenile Justice.
  2. A history of physical aggression or violent behavior toward self or others, animals, or property within the past year.
  3. A history of setting fires within the past year.
  4. A history of multiple episodes of running away from home or from placements within the past year
  5. A history of sexual aggression toward other youth

**Cites:** 39.407, 39.523 and 409.1676, F.S.

- A child qualifies for residential group care if all of the following criteria apply:
  - 11 years of age or older;
  - In licensed care 6 months or longer;
  - Experienced more than one placement during the current removal episode;
  - Has serious behavioral health problems as defined above;
  - Has a case plan/permanency goal of Another Planned Permanent Living Arrangement; and
  - Is not placed in therapeutic group homes or residential treatment centers. (39.523, F.S. excludes children provided for in 39.407, F.S., when they are placed under the recommendation of a suitability assessment, in therapeutic group and residential treatment centers).

**Caregiver:** Defined as the person, other than a biological parent, with whom the child was living at the time of removal and placement in out-of-home care. This may be a relative, adult sibling, legal guardian, adult household member or other person responsible for a child's welfare.

**Case File:** [65c-30.001(13), F.A.C.] All information for a case contained in the department's statewide automated child welfare information system (SACWIS), the Florida Safe Families Network (FSFN), as well as the supporting paper documentation gathered during provision of services to that family. The "case file" may also refer to a duplicate paper copy of the electronic case file and the supporting paper documentation. The department's SACWIS is the primary record for each investigation and case.

**Case Plan:** This is a document, as described in 39.6011, F.S. which is prepared by the department or a community-based care provider with input from all parties. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

**Child Health Check-up:** [59G-4.080, F.A.C.; 65c-30.001(17), F.A.C.] This screening shall take place within 72 hours of initial removal unless the child is returned to the home from which he or she was removed within 72 hours of removal. This includes a child removed from his or her home who was placed with relatives or non-relatives in an unlicensed setting. Additional check-ups shall be repeated in accordance with the Medicaid periodicity schedule.

**Close Proximity:** As a general rule, the reviewer should consider a travel distance of less than 1 hour as being close enough for face-to-face visitation/contact between parent and child. However, the reviewer should consider all relevant circumstances in determining whether the location of the child's placement allows parents to visit the child on a frequent basis.

**Compliance Period:** The designated time frames for accomplishing the provisions of a case plan. The plan's compliance period expires no later than twelve (12) months after the date the child was initially removed from the home or the date the case plan was accepted by the court, whichever occurs first.

**Comprehensive Assessment (or Comprehensive Behavioral Health Assessment):** [59G-4.080, F.A.C.; 39.01(18), F.S.] The information gathered for the evaluation of a child's and caregiver's physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family environment, as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services as appropriate.

**Concerted Efforts:** Defined as reasonable efforts on the part of the agency to:

- Provide the assessment and services necessary to ensure children are safe and to assist children and their families in achieving goals, and
- Assist in overcoming any internal or external barriers that may interfere with achieving goals.

**Concurrent Planning (or Concurrent Case Plan Goal):** [39.01(19), F.S.] Establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following:

1. Adoption when a petition for termination of parental rights was filed or will be filed
2. Permanent guardianship of a dependent child under 39.6221, F.S.
3. Permanent placement with a fit and willing relative under 39.6231, F.S.
4. Placement in Another Planned Permanent Living Arrangement under 39.6241, F.S.

**Critical Junctures:** [65c-30.001(41), F.A.C.] The times during an investigation or services case when fundamental decisions are being made for the child or children, or when critical events are occurring in the case. Critical junctures may include the following:

1. Prior to court hearings (adjudicatory, dispositional, review)
2. At the birth or death of a sibling
3. Addition of a new family member, including paramours
4. Before changing the case plan to include unsupervised visits
5. At case transfer between Service Workers
6. At receipt of a new CPI report of domestic violence in the home
7. Before a child is returned home from substitute care
8. Before a case is closed or dismissal of court jurisdiction is recommended
9. When a case is no longer designated as “high risk”
10. As needed, based on professional judgment

**Dental Care:** When answering the standards related to dental health care, the reviewer should consider the following information as a guide. The Agency for Health Care Administration, Florida Medicaid Summary of Services 2006-07, Section VI Medicaid Covered Services July 2006 provides:

“A dental referral is provided for recipients beginning at age three, or earlier if indicated. Subsequent examinations by a dentist are recommended every six months or as prescribed by a dentist or other authorized provider”.

**Diligent Search:** Efforts of a social service agency to locate a parent or prospective parent whose identity or location is unknown. Diligent search is initiated as soon as the social service agency is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is identified and located or the court excuses further search.

**Discharge from Foster Care:** The point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

**Emergency Placement Change:** [65c-28.005, F.A.C.; 65c-30.007, F.A.C.] A change to the child’s placement which must be made immediately due to the child’s safety or well-being needs or when the caregiver cannot wait until a more appropriate placement can be located and prepared for the child. Parents, caregivers, and Guardian ad Litem or Attorney ad Litem must be notified within 72 hours of an emergency change in placement.

**Entry into Foster Care:** A child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the state or the local Title IV-E/IV-B agency. Children are considered to have entered foster care if the child was in substitute care for 24 hours or more.

**Express and Informed Consent:** [39.407(3)(a)1., F.S.; 65c-35.001(10), F.A.C.] The voluntary written consent from a competent person (parent or legal guardian) who has received full, accurate, and sufficient information and explanation about a child's medical condition, medication, and treatment, which enables the person to make a knowledgeable decision without being subjected to any deceit or coercion.

**Extraordinary Medical Care and Treatment:** [65c-30.001(49), F.A.C.] This represents the care and treatment of a child outside of routine medical and dental care, such as any invasive procedures. This includes surgery, anesthesia, administration of psychotropic medications, and any other procedures not considered routine or ordinary by objective professional standards of medical care for children.

**Father:** For in-home services cases, the biological or adopted father with whom the child lives or a non-custodial father who is involved, or has indicated a desire to be involved, in the child's life. For out-of-home cases, the biological or adopted father from whom the child was removed.

**Focus child:** The child in an out-of-home case who is the focus of the case review.

**Indian Child Welfare Act (or ICWA):** [65c-28.013, F.A.C.; 65c-30.001(67), F.A.C.] Refers to the federal act that governs child custody proceedings involving American Indian or Alaskan Native children in state courts. ICWA protects the best interests of American Indian and Alaskan Native children, preserves the integrity of Indian families, and promotes the stability and security of Indian tribes and families by establishing minimum federal standards for the removal of American Indian or Alaskan Native children from their families; placing Indian children in out-of-home care or in adoptive homes that will reflect the unique values of Indian culture; and by providing assistance to Indian tribes in the operation of child and family service programs.

**Immediate (or Immediately):** [65c-30.001(65), F.A.C.] This refers to responding as soon as possible, but not to exceed two (2) hours.

**Informed Consent:** When considering the use of psychotherapeutic medications, the following guidelines are provided:

1. Used only when the expected benefit of the medication is greater than the potential risk of possible side-effects.
2. Psychotherapeutic medications should not be the only medical/behavioral service provided because these medications are best utilized in conjunction with other services both natural and provider based.
3. Psychotherapeutic medications should only be administered after informed consent has been given by the child's biological parents or legal guardian or a court order has been obtained authorizing the administration of the medications to the child.

These guidelines are intended to assist foster parents and other caregivers to be well-informed when caring for those children in the department's care and custody who are prescribed a psychotherapeutic medication by their attending healthcare physician.

Florida law requires the agency to obtain informed consent to protect the child and make sure the family understands and agrees with the medical evaluation and treatment. There are many parts to informed consent. Consent for children and youth living at home with their parents is different than the laws that direct consent for children and youth in the custody of the state.

- There are three types of medical care and treatment, each of which requires a different method to receive consent for medical treatment. The primary care physician will determine the type of care needed. Methods of obtaining consent include:
  - a) **Routine Medical Care and Treatment.** If the health care provider determines that an illness or injury requires routine treatment, but providing such treatment is not an emergency, the consent of the child's parent for the treatment must be sought. If the parent is unavailable, unable, or unwilling to provide informed consent for the medical care, the department or agency must seek and obtain a court order authorizing the treatment, before the treatment is given. Routine treatment - means ordinary and necessary medical and dental examinations and treatments; included in this definition are blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care.
  - b) **Emergency Medical Care and Treatment.** Although parents should be involved whenever possible, obtaining consent is not required for emergency care and treatment. If the emergency care and treatment is provided without parental consent, the family services counselor must make sure the parent is notified as soon as possible after the treatment is completed. Emergency care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child.
  - c) **Extraordinary Medical Care and Treatment.** Prior to a child in care receiving any extraordinary medical treatment, the child's parent must give a specific consent. If the parent cannot be located or refuses to give consent, a court order must be given prior to the extraordinary medical procedure. Extraordinary medical treatment - care or treatment of a child that is outside of the routine medical and dental care included in the definition of medical care and treatment. Included in this definition are surgery, anesthesia, or psychotherapeutic medications and any other procedures not considered by the child's medical provider as routine
- **What Is Included in Informed Consent?** Informed consent should include information about the child or youth's condition and the proposed treatment. Clinicians must share the medical information that would lead to a decision by the family, or whoever is responsible for giving the consent to treat the child or youth, as to whether or not to go forward with a proposed treatment. This information should include:
  - symptoms,
  - possible and expected benefits of treatment,
  - risks of the medication, including side effects,
  - what might be expected without treatment,
  - other options to the proposed treatment,
  - results of stopping the treatment, and
  - how the treatment will be monitored.
- **How Is Informed Consent Documented?** The medical record needs to document the consent process, including who participates, what information has been shared, any concerns, and the giving of consent for the treatment itself. The consent should be specific to that child or youth and their particular needs.
- **When Is Informed Consent Done?** Consent for treatment must be done before treatment is begun, unless the treatment is an emergency. If treatment is an emergency, consent must be obtained as soon as possible; treatment cannot continue beyond an emergency without consent. New consent must also be obtained before a different medication is started. Such changes include new side effects, the development of a medical problem, or other developments affecting the risk/benefit of the treatment.

Consent for treatment is not a one-time event, but a process that requires ongoing discussion with parent, consenting child or youth, or other consentor.

- **Where Is Informed Consent Done?** Consent should be given by the parent in a face-to-face visit with the treating clinician. This will allow careful discussion of the questions needing attention. Sometimes, however, it is necessary to discuss the treatment and get consent by telephone.
- **To Whom Is Informed Consent Given?** Consent should be given to the clinician prescribing medication.
- **Involuntary Treatment** Although this guideline is written as if medication treatment always occurs through consent by the child, youth or guardian to a proposed treatment, involuntary treatment also happens, under specific circumstances. A child's parent/guardian has the right to not give their consent for treatment. In cases when a child is in the care and custody of the Department of Children and Families and the parent or legal guardian is not available to give consent, or refuses to give consent, treatment may only be given when the court has found that the treatment is in the best interest of the child. In cases such as this, the child welfare case worker responsible for the child will seek a court order to approve the medication treatment.

Involuntary treatment is given through an order from the court system by a judge when determined to be necessary to protect the safety or health of an individual without the consent of the parent, child, or youth.

**Life of Case:** The entire length of time a case is known to a state child welfare agency. The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family.

**Mother:** For in-home services cases, the biological or adopted mother with whom the child lives or a non-custodial mother who is involved, or has indicated a desire to be involved, in the child's life. For out-of-home cases, the biological or adopted mother from whom the child was removed.

**Ordinary Medical Care and Treatment:** [65c-30.001(89), F.A.C.] This defines standard necessary medical and dental examinations and treatments. Included in this definition are blood testing, preventive care (including ordinary immunizations), tuberculin testing, and well-child care.

**Other Responsible Party:** Contracted service provider who has full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to a contract agency).

**Out-of-Home Care:** A placement outside of the home of the parent(s).

**Out-of-Home Care Episode:** The timeframe between a child's entry into out-of-home care and the child's discharge from out-of-home care and termination of supervision services.

**Out-of-Home Care Providers:** Related or non-related caregivers who are given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents.

**Period Under Review:** This represents the nine (9) month period prior to the beginning of the review quarter. If the service recipient left services during this period, the "period under review" is from the beginning of the nine (9) month period to the service end date. The reviewer may review performance up to the first day of the on-site review.

**Permanent Guardian:** A relative or other adult having permanent guardianship of a dependent child under 39.6221, F.S.

**Permanent Guardianship of a Dependent Child:** The legal relationship a court creates under 39.6221, F.S., between a child and a relative or other adult approved by the court, which is intended to be permanent and self-sustaining through the transfer of parental rights with respect to the child relating to protection, education, care and control of the person, custody of the person, and decision-making on behalf of the child.

**Placement:** [65c-30.001(100), F.A.C.] The supervised placement, licensed or unlicensed, of a child in a setting other than the child's own home.

**Planned Placement Change:** [65c-28.005, F.A.C.; 65c-30.007, F.A.C.] This describes a foreseeable change to the child's placement. A planned change occurs when the Services Worker has explored other possible placements, completed a home study, obtained all background checks, and staffed the case with their supervisor and/or other multi-disciplinary professionals to determine if the placement change is in the child's best interests. Parents, caregivers, and Guardian ad Litem or Attorney ad Litem must be notified at least two (2) weeks prior to moving a child from one out-of-home placement to another.

**Preventive Health Care:** See attachment "Recommendations for Preventive Pediatric Health Care".

**Professional Judgment:** Discretion used by the reviewer based on his/her experience, education and knowledge of the field of child welfare. Use of professional judgment occurs when considering the following factors:

1. Results or outcomes of services or interventions for children and families
2. Extent to which the children's critical needs were met
3. Appropriateness of the agency's actions relative to the child's and family's needs

**Psychotropic Medication:** [65c-30.001(106), F.A.C.; 65c-35.001(18), F.A.C.; 394.455, F.S.] Any chemical substance prescribed with the intent to treat psychiatric disorders; and those substances, which though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry or involve any of the medications in the following categories:

1. Antipsychotics
2. Antidepressants
3. Sedative Hypnotics
4. Stimulants
5. Non-stimulant ADHD medications
6. Anti-dementia medications & cognition enhancers
7. Anticonvulsants and alpha-2 agonists
8. Other meds to stabilize/improve mood, mental status, behavior, or mental illness

**Relative:** Grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by whole or half blood, by affinity, or by adoption. The term does not include a step-parent.

**Risk:** The likelihood a child will be maltreated in the future.

**Safety Assessment:** The process developed by the agency and the family to ensure the child(ren) is safe and the strategies to address safety threats. Specifically, it is the ongoing manner by which it is managed by the caregiver, the caregiver's capacity to implement the safety plan and report safety issues to the agency, and the family's involvement in the implementation of the safety plan.

**Safety Plan:** An approach to evaluate the emerging danger, potential safety threats, and the likelihood of serious harm before they become immediate, serious, and pose a present danger. The approach should assess the underlying conditions and contributing factors and their future likelihood to re-emerge as present danger, as well as identifying conditions and contributing factors that lead to effective case planning,

**Siblings:** Children with one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his/her foster care placement or with whom child would be expected to live if the child was not in foster care.

**Visit:** Face-to-face contact between the case manager or other responsible party and the child. Visits also defined as face-to-face contact between the case manager or other responsibility party and the parent(s), and/or the out-of-home care provider as relevant.